



Kungas' trauma experiences and effects on behaviour in Central Australia

MIRIAM BEVIS

JUDY ATKINSON

LEISA McCARTHY

MICHELLE SWEET

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

RESEARCH REPORT
ISSUE 03 | FEBRUARY 2020

ANROWS acknowledgement

This material was produced with funding from the Australian Government and the Australian state and territory governments. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government, or any Australian state or territory government.

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

© ANROWS 2020

Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW, 1230 | www.anrows.org.au | Phone +61 2 8374 4000
ABN 67 162 349 171

Kungas' trauma experiences and effects on behaviour in Central Australia (Research Report) / Bevis et al.

Sydney : ANROWS, 2020

Pages ; 30 cm. (Research report, Issue 03/2020)

I. Aboriginal Australian -- Incarcerated women -- Trauma and Stressor Related Disorders - Research II. Torres Strait Islander -- Incarcerated women -- Trauma and Stressor Related Disorders -- Research III. Incarcerated women -- Services for -- Australia I. Bevis, Miriam. II. Atkinson, Judy. III. McCarthy, Leisa. IV. Sweet, Michelle.

ISBN: 978-1-925925-25-8 (print) | 978-1-925925-26-5 (online)

Creative Commons Licence

Attribution-Non Commercial



CC BY-NC

This licence lets others distribute, remix and build upon the work, but only if it is for non-commercial purposes and they credit the original creator/s (and any other nominated parties). They do not have to license their Derivative Works on the same terms. Version 3.0 (CC Australia ported licence): [View CC BY-NC Australia Licence Deed](#) | [View CC BY-NC 3.0 Australia Legal Code](#) Version 4.0 (international licence): [View CC BY-NC 4.0 Licence Deed](#) | [View CC BY-NC 4.0 Legal Code](#)

Please note that there is the potential for minor revisions of this report.
Please check the online version at www.anrows.org.au for any amendment.

I am a young woman, and
not a violent person until
violence is done to me.

Kungas' trauma experiences and effects on behaviour in Central Australia

MIRIAM BEVIS

Kunga Stopping Violence Program Manager (NAAJA)

EMERITUS PROFESSOR JUDY ATKINSON

Patron/Elder Advisor (We Al-li)

DR LEISA McCARTHY

Research Development Coordinator, Menzies School of Health Research

DR MICHELLE SWEET

Senior Project Officer, Menzies School of Health Research

This report addresses work covered in the ANROWS research project RP.17.12 *Kungas' trauma experiences and effects on behaviour in Central Australia*. Please consult the ANROWS website for more information on this project.

ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 3 - Indigenous communities are strengthened.

Suggested citation:

Bevis, M., Atkinson, J., McCarthy, L., & Sweet, M. (2020). *Kungas' trauma experiences and effects on behaviour in Central Australia* (Research report, 03/2020). Sydney, NSW: ANROWS



North Australian Aboriginal Justice Agency (NAAJA)

55 Bath Street,
Alice Springs, 0871

Author acknowledgement

The authors firstly acknowledge the participants of this study—the women and stakeholders who so generously gave their time to share their experiences. The co-researchers involved in the pilot study are acknowledged as follows: Research concept, design and methodology: Emeritus Professor Judy Atkinson, Dr Michelle Sweet, Dr Leisa McCarthy, Miriam Bevis and Mathew Bonson; Data collation: Elaine Wills, Dr Leisa McCarthy and Miriam Bevis; Data analysis and interpretation: Dr Michelle Sweet, Emeritus Professor Judy Atkinson, Dr Caroline Atkinson, Miriam Bevis and Dr Leisa McCarthy. Finally, the authors are grateful to ANROWS for its funding of this pilot study and NAAJA for its support to undertake the research.

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include: 1800 RESPECT – 1800 737 732 and Lifeline – 13 11 14.

Contents

Acronyms	3
Executive summary	4
Research context	4
Methods	4
Key findings	5
Kunga Stopping Violence Program: Justice in healing	8
Systemic failure enables and compounds complex trauma	8
Recommendations for further research	8
Recommendations for policy and practice	9
Introduction	11
State of knowledge review	13
Methodology	13
Trauma, complex trauma, incarceration and trauma-specific prison programs	13
Methodology	19
Research aims	19
Rationale for the study	19
Human research ethics clearance and data management	22
Methods	22
Key findings	27
Findings from the KSVP client file audit	27
Findings from the interviews with women, stakeholders and KSVP staff	28
Women and complex trauma: Complex trauma as enabler	29
Complex trauma and resilience	29
Complex trauma enabler: Fractured mother-child, family and community relationships	31
Complex trauma enabler: Communication disconnect	37

Complex trauma enablers: Policing, legal representation, courts and prisons	38
Complex trauma enablers: Barriers to health, housing and support services	42
Kunga Stopping Violence Program: Justice in healing	48
Systemic failure enables and compounds complex trauma	52
Conclusion	57
Strengths and limitations of the study	59
Recommendations for further research	60
Recommendations for policy and practice	60
References	62
Appendix A	67
Appendix B	68

Acronyms

ABI Acquired brain injury

ASCC Alice Springs Correctional Centre

FASD Fetal alcohol spectrum disorder

KSVP Kunga Stopping Violence Program

NAAJA North Australian Aboriginal Justice Agency

Executive summary

Research context

This report sets out the findings of the research project, “Kungas’ trauma experiences and effects on behaviour in Central Australia”, a pilot project run under the Kunga Stopping Violence Program (KSVP), which is based in Alice Springs. This practitioner-requested research was initiated by the KSVP Manager Miriam Bevis, and is the result of a collaboration between the KSVP, Professor Judy Atkinson of We Al-li, and the Menzies School of Health Research.

The KSVP works in support of Aboriginal women who have been incarcerated for alleged violent offences in Central Australia. It is one of the culturally specific services provided by the North Australian Aboriginal Justice Agency (NAAJA), which provides legal aid to Aboriginal people throughout the Northern Territory. The KSVP provides pre-release support to Aboriginal women in the prison, including a four-week violence-reduction, trauma-specific course developed in collaboration with Professor Atkinson. When the women are released from prison, the KSVP continues to provide support to the women for 12 months. For some women, the period of support continues past the 12-month period.

The KSVP was established in 2014 and provides a unique service within the context of a growing crisis for Aboriginal and Torres Strait Islander women, who are incarcerated at an alarming rate. Although this group make up only 2 percent of the Australian adult population, they comprise 34 percent of the women in prison (Human Rights Law Centre and Change the Record Coalition, 2017). Given this growing crisis, it is important that the stories of incarcerated women are documented and heard. Analysis of their life stories leading up to their incarceration demonstrates the critical need for services that can effectively respond to the trauma of women’s lives and prevent future incarceration. The methodology used for this research privileges the voices of Aboriginal women and therefore gives primacy to the experiences of the women as expressed in their own words.

The overall aim of this pilot research study is to provide an opportunity for Aboriginal women who are clients of the KSVP to contribute to our deepening understanding of the life events that led to their incarceration.

The secondary aims are as follows:

- to apply a trauma lens to the life stories of Aboriginal women in Central Australia who have been incarcerated
- to identify the interventions, services and supports that can divert women into programs to prevent incarceration
- to highlight the need for a coordinated service response
- to identify service reforms to meet the needs of Aboriginal women experiencing complex trauma.

Methods

The research project used a mixed methods approach to explore the experiences of the KSVP clients (“the women”), KSVP staff (“KSVP staff” or “KSVP workers”), and stakeholder agencies (“stakeholders”). *Dadirri*—a deep listening process, of being fully present and aware (Ungunmerr-Bauman, 1993)—was used by the researchers with all research participants in the interviews and the workshop.

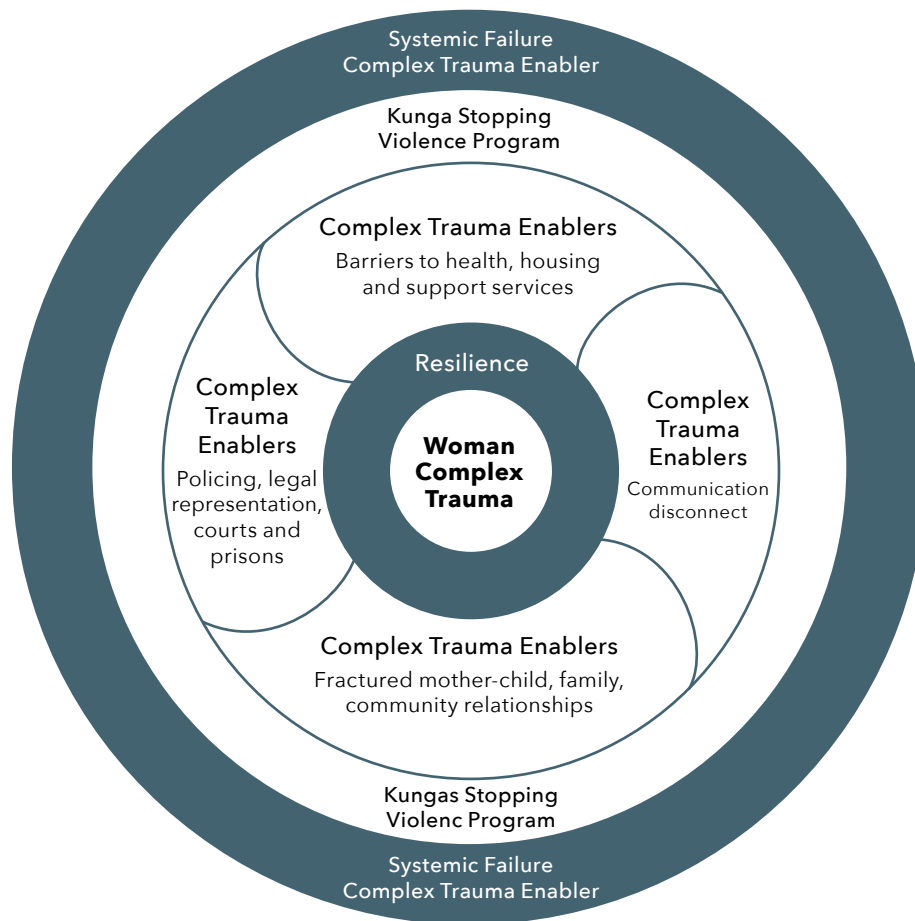
The researchers conducted interviews with 12 women who are clients of the KSVP. The researchers also analysed pre-existing client data from the KSVP. This included a client file audit: that is, an analysis of quantitative data contained within 53 client files, as well as qualitative analysis of open-ended material contained in the client files of the 12 women who were interviewed for the study. The research team was also given permission to examine the “Loss History Maps” produced by women in the prison as part of a course that is facilitated by the KSVP staff and Professor Atkinson.¹

Dadirri was also used in a stakeholder workshop and follow-up interviews with staff who could not attend the workshop. The workshop and follow-up interviews were conducted with 29 participants, representing 20 different services within the region, including staff from the KSVP. The aim of the stakeholder workshop was to identify gaps in services and to document stakeholders’ ideas for how services could better meet the specific needs of the women.

The researchers used grounded theory, within a phenomenological framework, to understand and interpret

¹ See the Introduction for further explanation of loss history maps.

Figure 1 Thematic theory framework for women's and stakeholders' qualitative interviews^a



Note: ^a This diagram presents the researchers' analysis of the stories and other data the women and stakeholders shared with us. Pictorially, the woman is placed in the centre, as this research is about her. The outer circles depict the supporting strengths and barriers (complex trauma enablers). These then form the themes and sub-themes which contribute to the development of a theory which could be used to inform service delivery reform.

the multiple sources of data. Grounded theory is a systematic research methodology which seeks to understand the meaning of human experiences (Charmaz, 2006). Phenomenology is a qualitative research method used to understand how human beings experience, feel and respond to their experiences (Charmaz, 2006). Thematic analysis allowed the researchers to explore themes and sub-themes as explication of the women's lives. These themes and sub-themes were used to outline an emerging theory of the ways in which their traumatic life circumstances contributed to their being incarcerated.

Key findings

The emerging theory is that a high percentage of Aboriginal women incarcerated for violent crime would have a possible diagnosis of complex trauma. This is relevant in understanding the failure of service systems to respond to their critical needs. The researchers found the women had experienced multiple life stressors, many of which involved abuse beginning in early childhood. These life stressors were found to contribute to the women's continuing victimisation and offending, but also to the incredible resilience the women display on a daily basis.

The study identified a set of common complex trauma enablers that the women had experienced and were experiencing. The word "enabler" is used here to include experiences, processes and systems that support, on the one hand, self-destructive beliefs and behaviours and, on the other hand, strength in survival. In the thematic analysis, complex trauma enablers included fractured mother-child, family and community relationships; communication disconnect; the immediate impact of the legal, courts and policy environment; and barriers to health, housing and support services. The thematic analysis also identified systemic failures as structural enablers of trauma. The stakeholder workshop identified the ways in which the KSVP is negatively impacted by systemic failure as it attempts to be a buffer between failures of the system and the needs of the women.

These themes are discussed in order from the centre of a diagrammatic representation of the framework outwards (see Figure 1) so that the woman and her life experiences are at the centre. Then there is her strength in survival, but also the barriers she faces in trying to live a good life—a lack of access to safe housing and healthcare; communication disconnects; a legal system and policies that discriminate

against her; and the fractured relationships that surround her as a result of intergenerational, collective and cumulative trauma, grief and despair that can be seen in all communities who are surviving processes of deep colonisation. In response to these barriers, the KSVP program works with the women to help address otherwise unmet needs, to help the women understand and heal from their traumatic experiences and to empower the women after a lifetime of being disempowered by society. What the diagram then shows is the challenges these women face when they leave the KSVP: how systemic failures contribute to their re-traumatisation and increase their risk of re-victimisation and re-incarceration. This final ring of the diagram highlights the need for systems reform to acknowledge and address the causes and consequences of complex trauma, and for diversionary programs for women and young women so that people who have already been brutalised by the system are not further separated and traumatised by incarceration. Resources to support the healing work for whole communities are needed so that these women and their children can live in safety and in celebration of strong cultures.

The women and complex trauma

In listening to the life stories of the women, the researchers could clearly identify that trauma follows a pattern of cause and effect across generations: the outcome of violence may be traumatic (cause), and the response to trauma may result in behaviour which continues the cycle (effect). In examining the women's stories, the researchers identified common and recurring themes that present a collective story of trauma leading to incarceration. It was common for women to describe the following: a trajectory starting with a lack of safety in childhood that continues into adulthood; lives of uncertainty; a sense of abandonment by caregivers who were busy dealing with their own distressed life circumstances, layered with loss and grief; and an inability to know, name and manage difficult emotions. The women spoke about recurring memories and flashbacks of being unsafe, which may contribute to a new generation using alcohol and other drugs while being unable to communicate their fear, anxiety and despair.

Complex trauma and resilience

All the women in the study showed evidence of resilience under extreme circumstances. Examples of ways the women have survived included the use of music, setting goals for the future when released from prison, and limiting visits from family in prison in order to survive in situations that they cannot change (such as a lengthy prison sentence). Connecting with Elders and participating in programs and education also demonstrate the women's resilience. Resilience, however, may also enable a woman to return to and stay in abusive relationships without the possibility of, nor support for, the abusive partner to change.

Fractured mother-child, family, and community relationships

The life stories the women shared, from disrupted childhood attachment to fractured adolescent relationships, revealed that many of the women had difficulty maintaining strong, healthy relationships. The violence they experienced as children, including being witness to their parents' violence, was re-enacted within their own emerging relationships and with their own children. The majority of the women entered their intimate relationships as teenagers and told stories of violence experienced in these relationships, and in particular of the way they were isolated from their immediate family by the abusive partner. The women told stories of lives of uncertainty including frequent moves due to community fighting, bullying, homelessness and premature deaths of relatives.

The violence that whole families have experienced, across generations, has become extreme and has left many of the women with fractured internal family relationships where members continue to re-traumatise each other. Stories of problematic alcohol and drug use were almost always associated with these complex, difficult and fractured relationships. In the women's life stories, heavy drinking frequently commenced after unresolved loss and grief, after sexual assaults or during intimate partner violence.

Violence, alcohol and incarceration continue to repeat the cycles of fractured mother–child relationships. The majority of the women in the Kunga program are mothers. The quantitative analysis of the 53 Kunga client files shows that 126 children were affected by their mothers' incarceration (see Appendix B).

Communication disconnect

Communication problems were identified at multiple levels in the women's stories. Language was named as a fundamental communication disconnect between the women and service agencies. The majority of the women in the KSVP speak a local Aboriginal language as their first language, however, communication with police, legal services, service providers and corrective services is dominated by the use of English. The combination of the effects of trauma and trying to operate in a second language was named as being a constant source of frustration and misunderstanding for the women. Shame was also named by the women as contributing to communication disconnect. The women shared stories of the way shame prevented them from seeking assistance or explaining the whole story to police and lawyers. Further, even when trying to communicate their experiences and distress, the women were often not heard (i.e., dismissed) or were disbelieved.

Police, legal representation, courts and prison

The women spoke of multiple layers of discrimination and judgement across all sectors of law enforcement systems: police, courts and prisons, including remand protocols. Their frustration was clear and extensive, and they feel judged for defending themselves, and for not being heard or believed by police, lawyers and in court. The research interviews and the Loss History Maps document stories from the women that have not made it to courts or into police statements. The women feel the injustice of being judged without full evidence being taken into consideration. They feel confused, and believe their prison sentences were unjust.

The current mandatory sentencing legislation in the Northern Territory has been heavily criticised both nationally and by international human rights bodies as discriminatory

(Cunneen, 2002). The evidence used in court against the women is frequently incomplete. Lawyers in the stakeholder workshop spoke about problems in communication between them and the women, and between them and services in accessing enough evidence to take to court in their defence. This can result in long mandatory sentences or unhelpful and unsafe orders placed on women.

Incarcerated women who are in dangerous relationships can exit the prison with unachievable conditions placed upon them as part of parole, conditional release or as a suspended sentence. A woman in this situation may have a very real fear of breaching her conditions. As a result she becomes legally compromised, that is, reluctant to access service providers, hospitals and police when she needs help in case this results in a breach of her conditions. For this cohort of women, the difficulties they face in seeking help are further compounded by the mandatory reporting of domestic and family violence (this involves a report to police). Women fear going back to prison. They avoid police because reporting their experiences of family violence could also mean alerting police to the fact they have breached their conditions. Abusive partners are aware of the dilemma the women face and can use it against them, knowing the women cannot easily report them to the police. The women spoke about being unable to go to the hospital for their injuries because they fear the staff will have to make a report to police and this may again alert authorities that they are in breach of their conditions.

The women spoke about problems they had experienced with policing. Primarily these are communication problems where the women feel they are not being listened to and taken seriously. The stakeholder workshop identified the value of female Aboriginal police officers, as they bring cultural skills and greater understanding into the situation. The women and stakeholders spoke of the double or intersecting marginalisation experienced by Aboriginal women in the justice system.

Barriers to health, housing and social support services

The final complex trauma enablers are the barriers that the women experience to accessing appropriate health, housing and social support services.

Many of the women have complex health issues as well as histories of mental health distress for which they generally have not received a diagnosis. In prison, there is no guarantee that the women will receive mental health services relevant to their complex trauma diagnoses and therapeutic needs; they are more likely to be given medication.

Barriers to safe housing were raised as a constant frustration by the women and stakeholders. The client file audit revealed high levels of homelessness. The majority of the women and their children were living in overcrowded homes of extended family. This is a problem experienced prior to incarceration that continues post release and is due to a lack of public housing stock, supported accommodation and transitional housing (see discussion in Appendix B).

The women struggle to access a range of services due to the combination of poverty, coping with symptoms of complex trauma, and being in dangerous relationships. The client file audit revealed a cohort of women who are financially stressed and lacking stable and safe accommodation, dealing with addictions to alcohol, frequently negotiating family violence, and who have high physical and mental health needs. For many of the women, time away in prison and residential rehabilitation does not change the difficult circumstances they faced prior to incarceration. On release, they return to the same circumstances.

Kunga Stopping Violence Program: Justice in healing

The interviews with the women, KSVP staff and stakeholders emphasised the important role that the KSVP plays in listening to and supporting the women. This takes place in the prison by way of KSVP's "educaring" approach in the

four-week course and through the KSVP's support of the women while in prison and on release. Educaring is a "trauma-specific blend of Aboriginal traditional healing activities and Western therapeutic processes. It uses experiential learning to enable participants to explore their individual and community transgenerational trauma" (Atkinson, Nelson, Brooks, Atkinson & Ryan, 2014). The KSVP's educaring and relational approaches assist in hearing the women's life stories and needs, working with the women beyond prison, and advocating for them. All the KSVP case managers are local Aboriginal women.

Systemic failure enables and compounds complex trauma

The hyper-incarceration of Aboriginal women points to systemic failure on multiple levels. From interviews and a workshop with stakeholders and KSVP staff, it was clear that systems are not tailored to respond to the reality of Aboriginal and Torres Strait Islander women's lives. For example, there is a lack of appropriate diagnosis of complex trauma, fetal alcohol spectrum disorder (FASD) and acquired brain injury (ABI). The dominant use of English, a lack of attention to cultural safety, and low numbers of Aboriginal staff across services was identified as a source of cultural disconnect that contributes to systemic failure. Stakeholders also described problematic funding paradigms, with domestic violence and crisis accommodation services using a user-pay model that is a barrier to women seeking safety.

Recommendations for further research

The research showed the KSVP educational package is a uniquely culturally safe program that works effectively with Aboriginal women in prison and when they are released to help address their needs—needs that are otherwise going unmet.

It is recommended that the KSVP be funded to expand to deliver the educational package into community settings to address the needs of women and their children to prevent their incarceration or re-incarceration. This work should be

focused on both healing and systemic change and be organised together with communities of practice in Tennant Creek, Alice Springs and Yuendumu. The KSVP could increase its impact if it was expanded to deliver the educational package to women in the community before they end up in the prison system, to young women in juvenile detention and to young women at risk of entering the justice system. Therefore, further research is needed to:

- follow up with the post-release support that the KSVP provides the women in their home communities (Tennant Creek, Alice Springs and Yuendumu) to evaluate the longer-term outcomes of program participation for them, their families and their communities
- monitor how responsive service delivery is to the specific needs of the women and their children
- evaluate the effectiveness of delivering the KSVP educational package in community settings to address the complex trauma needs of adult and young women who may be at risk of entering the justice system
- investigate the potential for delivering the KSVP educational package and individual support as a sentencing option
- evaluate the effectiveness of delivering the KSVP educational package to young Aboriginal women already in juvenile detention.

Recommendations for policy and practice

Systematic analysis of the life histories of the women in this pilot study has shown the many ways in which complex trauma has contributed to their incarceration. The findings of this research demonstrate the need for substantial investments in healing for Aboriginal women, their children and communities. The research presents a strong case for system level improvements so that future work with women is complex trauma-informed, holistic, and tailored specifically for the needs of Aboriginal women, not just in justice agencies and diversionary programs, but in health, disability, education, and housing.

Policy reform

- Continue the support for and funding of the Kunga Stopping Violence Program as a wrap-around service.
- Develop and fund the delivery of trauma-specific and culturally safe approaches to alcohol and drug rehabilitation in Central Australia.
- Develop and fund family residential alcohol rehabilitation, including women and children's residential rehabilitation in Alice Springs.
- Increase the screening and treatment for women entering the law enforcement system with mental health, complex trauma, FASD, and ABI and other brain injuries, with flow-through therapeutic care from prison to services on the outside.
- Increase the number of female Aboriginal police officers and equip them with trauma-specific intervention skills.
- Provide transitional accommodation for women leaving prison in Central Australia.
- Urgently increase the supply of public housing in Alice Springs and remote central Australian communities.
- Develop trauma-specific alternatives to sentencing for Aboriginal women in collaboration with local Aboriginal women.
- Develop alternative women's crisis accommodation funding models in Central Australia in collaboration with local Aboriginal women.
- Place more emphasis on whole-of-family and whole-of-community approaches to family violence interventions due to the intergenerational trauma that exists in Central Australia.

Practice reform

- Hold educational sessions for lawyers, judges and community corrections staff about the safety implications of placing women on conditions when in a domestic violence relationship.
- Initiate early intervention for teenagers, with culturally specific support for Central Australian Aboriginal families and communities, to help young people through loss and

grief, exposure to traumatic incidents, intimate partner violence and assault, and intimate use of social media and bullying.

- Increase community of practice to help staff cope with vicarious trauma.
- Coordinate and hold regular cross-sectional communities of practice meetings.
- Implement better screening and health coordination within the prison context, including screening for complex trauma, other mental health conditions, disabilities, FASD and brain injuries.
- Allocate more time to communicating with and listening to Aboriginal women in the legal system.
- Increase police and judges' understanding of the impact of trauma and how this affects a woman's ability to provide evidence.
- Increase the training and employment of local Aboriginal staff who can speak the Central Australian languages within the social, health and legal service sector.

Introduction

The Kunga Stopping Violence Program (KSVP) is a prisoner throughcare program² responding to the needs of Aboriginal women on remand or serving sentences in the Alice Springs Correctional Centre (ASCC). The program title is derived from Pitjantjatjara, one of the Central Australian languages. In the Anangu languages of the Central Desert, the word “kungka” means “young woman”. The program has been running since 2014, under the auspices of the North Australian Aboriginal Justice Agency (NAAJA). It works specifically with women who have an alleged history of violent offending. It provides a service to women in prison and on release and is designed to work with 20 new women each year. The Kunga four-week course is run twice a year, and eligible women (Aboriginal women with an alleged history of violent offending) who are incarcerated in the ASCC at the time the course is run are offered the opportunity to participate in the Kunga Program commencing with their participation in the course.

The KSVP engages with women in prison and then provides responsive case management to each woman for 12 months, and occasionally longer, following their release. It has successfully supported women with holistic assistance upon prison release in the following areas: safety planning, medical treatment, employment and training, housing, mentoring, drug and alcohol rehabilitation, family reunification, legal assistance and court support. The program is voluntary, and care is taken to develop trusting relationships with the women during their period of incarceration. This approach helps begin the healing work with women who are often dejected, mistrustful and feeling unsafe, and provides an ongoing trusting relationship once a woman is released from prison.

In October 2015, the KSVP engaged Professor Judy Atkinson of We Al-li to develop and deliver a four-week intensive trauma-specific, violence-prevention educational package. In subsequent iterations, Professor Atkinson delivered the program alongside staff members from the KSVP. For the last two iterations, the program has been run entirely by local women employed within KSVP. At the time of writing, it has been run eight times in the ASCC. The original educational package design enabled participants to explore the issues of anger and violence while considering how they could

build boundaries and safety in their lives. The educational package provided culturally safe approaches to exploring loss and grief. By 2017, it was clear the focus on loss and grief through Loss History Maps allowed both the KSVP workers and the women to see the cumulative complexity of trauma in their lives.

Trauma is described as “an event or process, which overwhelms the individual, family or community’s capacity to cope” (Atkinson 2002, p. xi). Trauma may be caused by a single significant catastrophic event or arise from a repetitive and interpersonally generated accumulation or series of events, including ongoing abuse, which occurs in the context of family or intimate relationships (Kezelman & Stravropoulos, 2012). The latter is referred to as “complex trauma”. In “Trauma Theory”, Sandra Bloom (2019) describes gradations of stress response: positive stress, tolerable stress, relentless stress and toxic stress. Toxic stress is the term used to describe “the strong and prolonged activation of a child’s stress management systems that is particularly problematic during the critical early developmental periods” (Chilton, Knowles, & Bloom, 2017, p. 290). Bloom categorises physical responses to adverse childhood experiences as flight–fight, the response to danger where chronic stress can result from living in chronically dangerous situations such as war, domestic violence or incarceration. Chronic hyperarousal occurs as the body repeatedly attempts to mount a necessary physiological response, while losing the capacity to modulate arousal, thus staying hyperaroused and guarded while being flooded with feelings that the person finds overwhelming. Fear conditioning is a state that is powerful and difficult for the logical centres of the brain to override (Bloom, 2019). Further, Bloom outlines some cognitive responses to trauma that affect information processing and state-dependent learning and memory. Emotional responses can be numbing and initiate avoidance or contagion. Behavioural responses include traumatic compulsive re-enactment, self-harming, revictimisation and addiction (Bloom, 2019).

The Loss History Maps became an important tool in the KSVP for understanding behaviours or actions as trauma responses. A Loss History Map is a tool which helps a person to map experiences from birth to the present, allowing them in the process to reflect on how those experiences may be

² A throughcare program provides continuous and consistent support from pre-release to post-release.

continuing to contribute to their present life circumstances. It is used as a therapeutic tool in deep counselling. In 2017, the main focus of the “in prison” work of the KSVP moved from anger and violence to the Loss History Maps, with painting becoming a meditative process that occurred after the sessions, allowing for inner reflection, mindfulness and integration, and serving as a therapeutic calming aid. In response to the findings from the Loss History Maps, the KSVP increased its use of trauma-specific recovery tools to support the women to focus on their resilience and to build on their strengths.

Through the combined practice knowledge of the KSVP workers, the observation of the women’s engagement and the outcomes produced through the program, the KSVP identified a need for further research to deeply understand the events that lead to incarceration and the long-term impacts of trauma on the women’s lives. It also became apparent that there was a need for research to identify existing programs that could divert women from incarceration and for evidence to inform the development and delivery of such programs in the future.

The report is structured in the following way. The first section is the State of knowledge review, which presents the current and relevant literature at the intersection of trauma, incarceration and violent behaviour in Aboriginal women. The second section outlines the methodology and research methods used for data collection and analysis. The third presents the key findings, which emphasise the importance of women’s voices and stories in the development of a theory for improved practice in service delivery for Aboriginal women experiencing complex trauma. These findings form the foundation for future critical research and systems reform in an area in need of critical and concerted attention, given Aboriginal women’s rising incarceration rates and the rates of their children being placed in state care. Finally, a conclusion with recommendations summarises the main outcomes of the pilot study and provides preliminary recommendations for research, policy and practice.

State of knowledge review

This State of knowledge review examines the current literature on complex trauma, as this has been identified as influencing behaviours that contribute to the disproportionate phenomenon incarceration of Aboriginal and Torres Strait Islander women.

Methodology

The researchers conducted a literature review using a systematic search method (Khan, Kunz, Kleigjen, & Antes, 2003), where relevant information was sourced and reviewed against the research aims.

The preliminary search was conducted through the Charles Darwin University (CDU) online library using the EBSCOHost databases: Academic Search Premier, Art Full Text (H.W. Wilson), Australia/New Zealand Reference Centre, CINAHL Plus with Full Text, eBook Collection, E-Journals, MasterFile Premier, MEDLINE with Full Text, PsychARTICLES, Psychology and Behavioral Sciences Collection, PsychINFO and SocINDEX with Full Text.

The researchers developed the following simple criteria to form a primary search framework: English articles only; material published between 1 January 1990 and 30 December 2018; peer-reviewed full-text publications, including journal articles, dissertations and books. Table 1 lists the search terms used and the returned results.

A total of 12 peer-reviewed journal articles were retained, comprising both Australian and international studies.

Once the search for peer-reviewed publications was exhausted, the researchers then performed a secondary search using Google for the grey literature. Various searches using terms such as “Indigenous Australian” and “trauma experiences” were completed. Subjects explored were psychology (1385), education (1000), Australia (875), public health (582), mental health, anthropology, social welfare, medicine, women, culture, refugees, trauma, Aboriginal Australians, native peoples, Indigenous populations, Indigenous, Indigenous peoples, Oceanic ancestry group, racism, Aboriginal, Australians, documentary films, Aboriginal children, Stolen Generations, Aboriginal Australians–behaviour. Of the 186 documents

found with some level of significance, one was included in this study (Kerr, 2016).

Trauma, complex trauma, incarceration and trauma-specific prison programs

Globally, there is an increasing awareness of the need to understand and respond to the impacts that trauma has on individuals, families, and communities (Saul, 2014; Markoff, Finkelstein, Kammerer, Kreiner, & Prost, 2005; Bateman, Henderson, & Kezelman, 2013; Patterson, Uchigakiuchi & Bissen, 2013). Experiences of family, domestic and sexual violence are argued to be traumatic and the cause of long-term physical, mental, emotional, spiritual and social problems for individuals, families and social groups (Herman, 1992; Mertin & Mohr, 2000; Jordan, Campbell, & Follingstad, 2010).

The effect of trauma on individuals is complex and can compromise their self-development (Courtois & Ford, 2009). For example, trauma has been found to impact individuals across their lifespan, with effects including impairment of neural development; difficulties in forming and maintaining positive relationships; learning difficulties; poor impulse control, including aggressive and anti-social behaviour; depression and other affective disorders; psychotic and dissociative disorders; and self-harm and suicide (Perry & Szalavitz, 2008; Brown, 2016). Furthermore, trauma experienced as a child or young person has been associated with cognitive changes, developmental problems, and problems regulating affect that can follow the individual into adulthood, including impacts on physical health, mental health, substance use, and problems with social and economic participation (Brown, 2016).

Complex trauma

Complex trauma has been described as the persistent effects that exposure to repeated, cumulative, compounded or chronic trauma has over a period of time and within specific relationships and contexts (van der Kolk, 2005). For Aboriginal and Torres Strait Islander peoples, complex trauma may also be referred to as intergenerational trauma (Atkinson, 2002) and collective trauma (Krieg, 2009; Ratnavale, 2007), while

Table 1: Basic systematic search of peer-reviewed publications

Search	Terms used and added	Results	Term adjustment
1	Indigenous peoples + trauma	611 full-text articles	Read titles. Adjusted search to exclude wars and related PTSD and military.
2	+ Australia	36 full-text articles	Read abstracts. Excluded non-Indigenous Australians and commentary articles from search.
3	+ experiences + research + qualitative + quantitative	25 articles	Read abstracts. Excluded mental institutions, alcohol-related brain damage from search.
4	+ violent behaviour	12 articles	Read abstracts. Included women in search.
5	+ women	0 articles	

it may be called historical trauma for Indigenous people in North America (Evans-Campbell, 2008; Wesley-Esquimaux & Smolewski, 2004; Willmon-Haque & BigFoot, 2008) and the Māori people in New Zealand (Wirihana & Smith, 2014). Common to Indigenous experiences internationally is that complex trauma is a process that is communal, prolonged, cumulative, compounded and intergenerational, with its origins stemming from colonisation. In Australia, the traumatic effects of colonisation initially progressed via oppressive policies such as Protection, Assimilation and Integration. Through these racist policies and practices, Aboriginal and Torres Strait Islander peoples were subjected to frontier wars, the dispossession of their land and the forced removal of children from their families and cultures. The legacies of these and subsequent policies continue, and contribute to profound loss, grief, marginalisation, poverty and trauma (Atkinson, 2002; Atkinson, Nelson, & Atkinson, 2010; Dudgeon, Wright, Paradies, Garvey, & Walker, 2014; Glover, Dudgeon, & Huygens, 2005).

Reporting on the Adverse Childhood Experiences study (ACE) conducted in the United States, Felitti et al. (1988) outlined long-term age-specific impacts, which van der Kolk (2007) summarises in the context of generational trauma:

childhood trauma, including abuse and neglect, is probably the single most important public health challenge ... [we face] ... a challenge that has the potential to be largely resolved by appropriate prevention and intervention. (p. 224)

He shows the outcomes of generational trauma as a violation of a child's sense of safety, trust and self-worth, and highlights the association of trauma with loss of a coherent sense of self, emotional distress, shame, grief, and self- and other destructive behaviours. In youth, impacts can include

unmodulated aggression; difficulty negotiating relationships with caregivers, peers and partners; suicide or self-harm; alcohol and other drug misuse; sexual promiscuity; physical inactivity; smoking; obesity; and homelessness. Adults who have experienced trauma are more likely than their peers to develop heart disease, cancer, stroke, diabetes, liver disease and skeletal fractures. Finally, as outlined by van der Kolk, in the United States, people with childhood histories of trauma make up almost the entire juvenile detention and criminal justice populations (2007, p. 224).

The experience of prolonged trauma can mean that Aboriginal and Torres Strait Islander peoples are continuously vulnerable and at risk of new trauma on an everyday basis (Krieg, 2009; Ratnavale, 2007). They are also more likely to experience compounding distress, with trauma triggers that under other circumstances would not be so impactful, but in the context of prolonged trauma, Aboriginal people are likely to experience re-traumatisation (Atkinson, 2002; Atkinson, Nelson, Brooks, Atkinson, & Ryan, 2014). The effects of complex trauma have been documented to impinge on an individual's physical, emotional, intellectual and psychological functioning (Herman, 1992; van der Kolk, 2005) as well as spirituality within the social context of family and community wellbeing (Atkinson et al., 2014). Some behavioural effects at individual and social levels of collective (or complex) trauma within Aboriginal and Torres Strait Islander communities are loss of connection to self, surroundings and other people; deep mistrust of self and others; and violence and abuse at many levels (Ratnavale, 2007).

Furthermore, violence and abuse can have significant trauma reactions across social systems and can become normalised in communities (Clark, Augoustinos, & Malin, 2016, 2017). The Australian Aboriginal Version of the Harvard Trauma

Questionnaire (AAVHTQ) (Atkinson, 2008) was developed by Caroline Atkinson as a diagnostic tool for working with incarcerated Aboriginal men. In Atkinson's PhD study, the prognosis of the men at the individual level appears to be somewhat consistent with the latest definition of complex post-traumatic stress disorder (CPTSD) outlined in the International Classification of Diseases no. 11 (ICD-11) (World Health Organization, 2018). The ICD-11 definition characterises CPTSD by three of the four core symptoms of post-traumatic stress disorder (PTSD) that have been met at some point during the progression of the disorder: re-experiencing the trauma in the here and now, avoiding traumatic reminders and experiencing a persistent sense of current threat (exaggerated startle and hypervigilance) (Karatzias et al., 2017).

In addition to this, the ICD-11 definition of CPTSD encompasses core symptoms that relate to "disturbances in self-organisation": severe and pervasive problems in affect regulation; persistent beliefs about oneself as diminished or worthless, accompanied by deep feelings of shame or failure related to the traumatic event; and persistent difficulties in sustaining relationships and feeling close to others (Karatzias et al., 2017). These disturbances are believed to cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning (Karatzias et al., 2017). This signifies accumulative stress, distress and suffering from difficulties with emotions, relationship and self-worth (Karatzias et al., 2017). Complex trauma differs from PTSD or single-incident trauma by the complexity of experiencing multiple or ongoing stressors, all of which have compounding, often life-long traumatic impacts.

Trauma and women's incarceration

A growing body of evidence explores the factors that influence women's patterns of offending and incarceration (Moloney, van den Bergh, & Moller, 2009; De Ravello, Albeita, & Brown, 2008; Segrave & Carlton, 2010). Research also shows that women are being incarcerated at increasing rates throughout the world (Wilson, Jones, & Gilles, 2014). In Australia, the rise in female incarceration is among the highest in the world (Walmsley, 2015, cited in Williams, Cummings, Newcastle

& Coulthard, 2016). A recent report by the Human Rights Law Centre and the Change the Record Coalition (2017) has named the hyper-incarceration of Aboriginal and Torres Strait Islander women as a crisis: while this group of women make up only 2 percent of the Australian adult population, they comprise 34 percent of women in prisons. The Australian jurisdiction with the highest percentage of Aboriginal women incarcerated is Western Australia, followed by the Northern Territory (Leeson, Rynne, Smith, & Adams, 2015). Furthermore, the number of women being imprisoned in the Northern Territory increased from 2004–2014 at a rate exceeding 440 percent (ABS 2015, Table 8, cited in Williams, Cummings, Newcastle, & Coulthard, 2016). The overwhelming majority of these women are Aboriginal.

While the emerging literature suggests an understanding that women who have become involved in the prison system have come from backgrounds of disadvantage and trauma, there has been a lack of appropriate legal and corrective service responses to the differences between Aboriginal women's offending and non-Aboriginal women's offending and male offending (Ombudsman NT, 2017). A study conducted in Victoria of 11 formerly imprisoned Aboriginal and non-Aboriginal women and 14 support workers found there was an outstanding need to prioritise greater engagement and understanding of the way the criminal justice processes further exacerbate the trauma women experience, reinforcing their marginalisation (Segrave & Carlton, 2010). Baldry, Carlton and Cunneen (2015, p.172) summarise Indigenous critiques of imprisonment: "For the most part, criminalisation and incarceration are seen as destructive avenues that cause further personal, family, and community disintegration and do not positively change individuals' behaviour."

Leeson et al. (2015) conclude that the high recidivism of Aboriginal women demonstrates the failure of current regimes to prevent re-incarceration for this population group. Critiques of the justice system highlight a lack of understanding and response to the intersecting experiences of many Aboriginal females that have led to their incarceration, for example, early childhood parental disruption, violence and constant moves. Women prisoners are known to have life histories characterised by high levels of victimisation, abuse, and associated substance-use disorders and complex

mental health needs, including those stemming from PTSD (Moloney & Moller, 2009; MacDonald, 2013; Tripodi & Pettus-Davis, 2012; Moloney et al., 2009; Clements-Nolle, Wolden, & Bargmann-Losche, 2009). In addition, existing literature recognises that women from minority population groups have also experienced pre-existing high levels of discrimination that impact their life. This includes racism, a lack of acknowledgement or understanding of the generational traumatic impacts of colonisation that result in family and community situations of ongoing traumatic crisis, and social services that do not respond to such needs. Such discriminatory practices are further heightened with the women's experiences of the denial of the circumstances that have contributed to their offending. In the legal process, this means both the failure of law enforcement to protect them and the enforced subordination they are subject to in prison (Stathopoulos & Quadara, 2014).

Gendered differences have also been noted in studies that have examined the prevalence of trauma symptoms among incarcerated Aboriginal and Torres Strait Islander peoples. Three Australian studies have found the prevalence of PTSD in Australian prison populations is significantly higher for Aboriginal women than for Aboriginal men. A New South Wales study found that 49.2 percent of incarcerated Aboriginal women had experienced PTSD symptoms in the previous 12 months compared to 19.5 percent of incarcerated Aboriginal men (Butler, Allnut, Kariminia, & Cain, 2007). More recent Aboriginal and Torres Strait Islander focused studies in Queensland prisons have found the prevalence of mental health symptoms, anxiety, depression, psychosis and substance misuse in Aboriginal women is higher than for men (Heffernan, Anderson, Dev & Kinner, 2012). According to Heffernan, Anderson, Davidson, and Kinner (2015), PTSD was linked to high rates of co-occurring mental illness (depression 32.8%, anxiety 31.2%, and psychosis 24.6%), lifetime suicidal ideation (50.1%), and suicide attempts (34.4%). The majority of participants in their study (58.9%) had not accessed mental health care before incarceration. The authors concluded that there is a “need to identify and manage PTSD in community and custodial populations” (p. 523). At all levels, poor mental health and PTSD symptoms are higher for women than men, and hence have significant implications for the Department of Corrections in its response to the needs of incarcerated women.

The legal and policy context in which Aboriginal women are entering the law enforcement and prison system has been critiqued for its cultural bias. Nancarrow's (2016) research in Australia examined the racialised realities of policing and legislation relating to domestic and family violence in Queensland. Her research concluded that there are serious unintended consequences of police powers regarding the legislation around domestic violence orders (DVOs) for Aboriginal and Torres Strait Islander women, especially those in remote areas. Nancarrow found that “Indigenous women, more than any other group are being brought into the criminal justice system for violence related to extreme disadvantage, associated with racialised oppression” (2016, p. 181). Further, she asserts that “domestic violence laws are used appropriately for most cases involving non-Indigenous men and to a lesser extent Indigenous men, but are used inappropriately for Aboriginal women” (2016, p. 153). She affirms that Indigenous women's experiences of violence require an intersectional analysis of race and gender to distinguish Indigenous women's experiences of violence, and supports a restorative justice approach for justice reform in this area (Nancarrow, 2016).

Aboriginal women are over-represented in Australian statistics of women who have experienced family and sexual violence (Kerr, 2016; Olsen & Lovett, 2016). In 2014–15, Indigenous women were 32 times more likely than non-Indigenous women to be hospitalised due to family violence, while Indigenous men were 23 times more likely than non-Indigenous men to be hospitalised (AIHW, 2018). Australian Bureau of Statistics data from 2014 show that the most common charge and offence for Aboriginal men and women are acts intended to cause harm (Carnes, 2015). Such acts—in this case, against close family and community members—could be considered a manifestation of the level of traumatic distress experienced and expressed by Aboriginal men, women, children and the communities in which they live. In fact, Sherwood and Kendall (2014) assert that trauma is a pathway to prison for Aboriginal women, while Blagg et al. (2018) maintain that trauma-informed responses are critical for their recovery.

A recent Australian study of intimate partner violence in the Northern Territory reported that the prevalence of violence against Aboriginal women is the highest in the world, with

75 percent of Aboriginal women in the Territory having been the victim of intimate partner violence (Kerr, 2016). The study also determined that the severity of harm to Aboriginal women was highest in the Alice Springs region of the Northern Territory. These alarming statistics from Central Australia must be understood within the historical context of recent colonisation involving wide-scale oppression, dislocation, discrimination, massacres, the introduction of new diseases, the removal of children, and the loss of linguistic and cultural authority (Nancarrow, 2016). Contemporary forms of colonialism continue in the overt and covert ways racism is experienced by Aboriginal peoples on a regular basis. The attitudes and behaviours of law enforcement and court system determinations on Aboriginal women who have experienced violence reveal continuing colonial beliefs and behaviours, which demonstrate the failure of police and judicial training (McGlade, 2006).

Research shows that in many instances, when policing and justice systems fail to protect women from this level of violence and abuse, they feel they have no option but to take the law into their own hands, to fight back. This retaliation is now contributing to the increasing rates of incarceration of Aboriginal women (Sherwood & Kendall, 2014).

Indigenous women-specific, trauma-informed programs

International studies that have examined the experiences of traumatised population groups have revealed that trauma can have transgenerational effects (Saul, 2014; Danieli, 1998). These effects have been described under the term “historical trauma” by Brave Heart (1999, 2003) from the Lakota Nation (Patterson et al., 2013). However, there are limited examples of trauma-informed programs in prisons at an international level that are specifically designed for Indigenous female populations. Two examples that were identified in the literature are from Hawaii, USA (Patterson et al., 2013) and Canada (Faith, 2006). Both programs are embedded within the corrective services/prisons in these locations. Firstly, the Women’s Community Correctional Centre (WCCC) in Hawaii has developed the Trauma-Informed Care Initiative (TICI). The aim of the TICI is to create a place of healing and to inspire systemic change within the criminal justice

system (Patterson et al., 2013). This is based on the Hawaiian concept of “pu’uhonua”, a place of refuge, sanctuary, asylum, peace and safety. The Hawaiian TICI is an impressive example of a holistic prison-initiated approach, where there is a strong emphasis on the training and development of staff and inmates, a collaborative approach that includes active community partnerships, universal trauma screening and assessment, and changes in the prison environment in order to avoid re-traumatising women.

Secondly, the Okimaw Ohci Healing Lodge in Saskatchewan province is implemented by the Correctional Service of Canada. The Healing Lodge is a purpose-built centre set in a woodland. The program includes participation in daily work, healing circles, counselling from Elders, and conducting ceremonies. The program has been criticised for having moved away from its original intention of being a place of healing run by Canadian Aboriginal staff to becoming more punitive (Faith, 2006). This disappointing move demonstrates the importance of more robust evidence on the need for and advantages of trauma-specific responses for incarcerated Indigenous women. With limited research in this area, programs delivering trauma-informed care in corrective or criminal justice settings are vulnerable to policy changes and political pressures.

Embedding trauma-informed approaches within “correctional centres” can also be criticised as paradoxical, given the traumatising nature of the colonial process of the “justice system” for Indigenous populations.³ Baldry, Carlton and Cunneen (2015) explored this dilemma with a focus on Indigenous imprisonment, postcolonialism, women’s imprisonment, patriarchy and the social change movements for both abolition and penal reform. Embedded in this analysis is the issue of racism and prisons as colonial artefact. The authors highlight that prison reforms for women have placed an emphasis on individual responsibilities and needs. Therefore, the reforms depoliticise justice system problems, while ignoring race and gender issues that contribute to the criminalisation and incarceration of women. This unintended consequence is of particular concern given the racialised

³ The use of the quotation marks on “correctional centres” and “justice system” expresses the ambivalence the researchers have regarding the stated intentions of these systems and the actual outcomes as experienced by the research participants.

nature of incarceration of women in Australia and the need for ongoing social change in this area (Nancarrow, 2016).

Of further concern, highlighted by Sherwood and Kendall (2013), is the lack of research regarding incarcerated Aboriginal women who are mothers. The authors emphasise the distressing impact that the incarceration of Aboriginal women has on children, the family and community. The Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) project is currently being undertaken with Aboriginal women in Western Australia and New South Wales in order “to develop an understanding of the social and emotional wellbeing and resilience of Aboriginal mothers, identifying culturally safe models of health care needs in custody and for transition back into the community” (Sherwood & Kendall, 2013, p. 86). The incarceration of Aboriginal women has long-term implications for mothering and childrearing, preventing healthy attachment and exacerbating rather than healing cycles of intergenerational trauma: babies are exposed to violence and stress in utero; babies are born in prison; infants and young children have no contact with their birth mothers; and young women enter puberty having no motherly guidance. With generational modelling, a pathway can be set for children who are visiting mothers.

Methodology

Research aims

The overall aim of this pilot research study is to provide an opportunity for Aboriginal women who are clients of the KSVP to contribute to a deepening understanding of the life events that have led to their incarceration.

The secondary aims are as follows:

- to apply a trauma lens to the life stories of Aboriginal women in Central Australia who have been incarcerated
- to identify the interventions, services and supports that can divert women into programs to prevent incarceration
- to highlight the need for a coordinated service response
- to identify service reforms to meet the needs of Aboriginal women experiencing complex trauma.

Rationale for the study

Aboriginal and Torres Strait Islander women are overrepresented statistically across Australia for experiencing high levels of family and sexual violence (Kerr, 2016; Olsen & Lovett, 2016). When compared with other Australian regions, Aboriginal and Torres Strait Islander women within the Northern Territory experience higher rates of family and domestic violence; Kerr (2016) documents that 75 percent of Aboriginal women in the Northern Territory have been a victim of intimate partner violence. Within the Northern Territory, Alice Springs is the region with the highest severity of harm to Aboriginal women (Kerr, 2016). However, there is also now concern about Aboriginal and Torres Strait Islander women using violence, although to date there has been little or no examination of the circumstances in which they use violence.

The KSVP commenced in 2014 and is run under the auspices of the North Australian Aboriginal Justice Agency (NAAJA). It is a prisoner throughcare program that works specifically with Aboriginal women who have been incarcerated in the Alice Springs Correctional Centre (ASCC) and have a history of using violence. KSVP has successfully provided holistic assistance to women upon prison release in the following areas: safety planning, medical treatment, employment and

training, housing, mentoring, drug and alcohol rehabilitation, family reunification, legal assistance and court support. The program is voluntary, and care is taken to develop trusting relationships with each woman while they are in prison. Providing advocacy assistance for the women while they are in prison develops safe and supportive relationships, and helps begin the healing work that has the potential to increase once a woman is released from prison. In October 2015, the KSVP engaged Professor Judy Atkinson of We Al-li to develop and deliver a four-week intensive trauma-specific, violence-prevention educational package. In subsequent iterations, Professor Atkinson delivered the program alongside staff members from the KSVP. For the last two iterations, the program has been run entirely by local women employed within KSVP. The course has now been delivered eight times in the ASCC, by both Professor Atkinson and KSVP local staff. The course design enables women to explore their own stories of anger, violence, loss, grief and trauma, as well as what is needed to maintain wellbeing, providing insight for both the women and the KSVP workers around journeys into and out of prison.

Through the delivery and outcomes of the eight iterations, the KSVP revealed a need for further research to deeply understand the events that led to these women's incarceration and at what points in their lives services could divert the women into programs to prevent incarceration and assist with recovery. While formal research investigating trauma among Aboriginal people in Central Australia is limited, it was clear in the delivery of the KSVP and the stories KSVP staff were seeing documented in the women's Loss History Maps that trauma is a major contributing factor to the women's incarceration. Hence, the KSVP decided to conduct a pilot study to gather preliminary information to help make sense of the women's lived experiences, and to begin to contextualise themes and formulate a possible theory about how trauma may contribute to distressed lives and incarceration.

In order to understand the ways in which trauma contributed to the incarceration of women in the KSVP, the researchers adopted three research approaches: *Dadirri*, phenomenology and grounded theory. First, *Dadirri* is a deep cultural meditative listening practice used in both hearing and reading the women's stories (Ungunmerr-Baumann, 1988,

pp. 9–11). Second, phenomenology is an active cooperative enterprise of persons in relationship (Schweitzer, 1996), used when listening to and unpacking the themes and sub-themes embedded in the women's stories. Finally, the researchers used grounded theory to develop a theory based on the themes and sub-themes which emerged from the experiences and behaviours that contributed to the women's incarceration.

Dadirri is “a special quality, a unique gift of the Aboriginal people—[it is] inner deep listening and quiet still awareness. It is something like what you call contemplation.” (Ungunmerr-Baumann, 1988, pp. 9–11) This deep contemplative listening practice from the Ngangikurungkurr language of the Daly River region, Northern Territory, was the central method of inquiry used to interview the Aboriginal women and stakeholders. An ethical consideration of the research was to involve the women in their own research process in such a way that they could make sense of their own lived experiences. They were as much part of the research as the researchers. In the KSVP course the women listened to each other and, through active cooperative and relational processes, they taught each other in their conversations and workshop activities. In the key findings section, the women's stories are presented as if they are in conversation with the researchers and each other. In gathering the interview data, the researchers anticipated that the women would start to listen more deeply to themselves.

Dadirri encourages all aspects and avenues of communication, using silence to allow participants the freedom to express their thoughts, feelings and perceptions with minimal verbal influence other than interview prompts. According to Atkinson (2002), the principles and functions of *Dadirri* include:

- a knowledge and consideration of community, and the diversity and unique nature that each individual brings to community (in this instance, community is named as those incarcerated women who, in their diversity, have similar stories and backgrounds)
- the approval of the research proposal and methods by Aboriginal peoples themselves (the ethics approach validates this principle)
- ways of relating and acting within community—understanding the principles of reciprocity and responsibility (the reciprocity is recognised in our sharing

of stories, and our responsibility to act with fidelity in response to those stories)

- ensuring that research participants feel safe and that issues of confidentiality are respected (the adherence to cultural safety is also acknowledged by this writer)
- non-intrusive observation, or quietly aware watching
- deep listening and hearing with more than the ears.

Phenomenology, a qualitative research method that is complementary to *Dadirri*, aims to describe, understand and interpret the meanings of experiences of human life. According to Crotty (1996), phenomenology can uncover meaning and make lived experience intelligible. As people contextualise their experience(s) by telling their stories through a narrative process (Schweitzer, 1996; Atkinson, 2002), they begin to make sense of those experience(s). Similarly, as they explore the content of the experiences that have created change in their lives, they place the change process into a context that is understandable and meaningful both to the storyteller and to those listening. This can strengthen the change process. The narrative process allows the listener/reader to gain access to the conceptual and contextual worlds of the people sharing their experiences. This allows the storytellers and the listeners to construct a world of shared meaning from within our own separate realities (Schweitzer, 1996), and to experience a shared learning and a collective knowledge. Moreover, phenomenology recognises the importance of the subjective experience (Schweitzer, 1996). This in turn acknowledges Reser's point that within the subjective experiences of Aboriginal interactions, “there is no relationship without feeling” (1990, p. 7).

Schweitzer (1996), drawing from the work of Giorgi, Fischer, and Van Eckartsberg (1971), writes of four interactive processes in phenomenology:

- (1) there are many points of view and knowledges;
- (2) emotions reveal the intentional structure of self in relationship with the world;
- (3) the understanding of pure phenomena in the lived experience is interconnected into a universal whole; and
- (4) what is lived and encountered in everyday life are the direct and immediate experiences of persons independent of outside interpretations.

Research from within an Aboriginal worldview recognises diversity. Aboriginal peoples—in this instance, the women in the KSVP—come from diverse cultural groups who separately and collectively have had many experiences unique to particular periods in the history of colonisation and their diverse cultural backgrounds. This context lends itself to a phenomenological approach:

The notion of reality in phenomenology comes from an understanding that there are many points of view and knowledges. They are all real for each individual. People are not objects in nature but are involved in the activity of living and making sense of their human actuality. Each individual must be understood within his or her own context and the sharing of the individual context to form a collective contingency helps us know our interdependence in relationship and the interrelationships of phenomena in our lives. (Schweitzer, 1996, p. 12)

Understanding historical and cultural diversity is particularly important when undertaking research from within an Aboriginal cultural and socio-historical framework to ensure stories are contextualised within both common and diverse experiences. These principles informed the research approach.

Building from the phenomenological approach in gathering participant stories, the research team employed grounded theory principles of mapping themes and developing theory (Charmaz, 2006). In this study, “data” is used to refer to the women’s life stories and the interviews with stakeholders providing services to the women. The data come from the ground into which the women were born, grew up as children, entered relationships, and lived their lives until they were incarcerated. Intentionally collected data were necessary for analysis and development of the theories which could support observations about service and systems reform, in response to the women’s needs.

When the researcher–researched inquiry can be shared and repeated, the researcher “discovers a sense of objectivity that is humanly realisable and scientifically meaningful” (Fisher, 1971, cited in Schweitzer, 1996, p. 31). The process is circular: in discussion and reflection, meaning is formed and reformed from within the boundaries of social and

historical circumstances of those in dialogue, including, in this instance, the reader.

The grounded theory process commences once an area of interest or need is identified. In this instance, Miriam Bevis (KSVP Manager) recognised a need to bring greater clarity and service reform for incarcerated Aboriginal women in Central Australia. While it is important to avoid preconceived theories, those overseeing the KSVP were already aware of the trauma stories from their work with the women. It was considered important to build on that awareness and to deepen an understanding of the ways in which trauma contributes to the incarceration of women, creating the possibility of theory-to-practice reform. This could be done by undertaking research that would systematically collect and analyse data, while mapping themes that could help construct a theoretical framework for future advocacy for systems reform.

In brief, the process of theory-building was circular, moving from data collection, to open coding, to axial coding, to selective coding and reverse (Charmaz, 2006). The researchers used constant comparative analysis and coding to build from sub-themes, to themes, to a formal theory framework (Charmaz, 2006).

This approach allows a deeper, more sharply focused body of knowledge to emerge, where the researcher and researched are dialectically and reciprocally linked. In this research process there is inter-subjectivity, as all parties are linked in discourse, sharing the commonality of feelings and experiences in order to validate, broaden and enrich their own understandings and knowledges (Atkinson, 2002). At the same time, the differences in experiences and concepts allow opportunities for a broadened and deepened relationship and expanded knowledge. In this regard, knowledge emerges from the subjective experiences of those people in the relationship (Atkinson, 2002). Once the themes and sub-themes emerge, it is possible to begin to develop theory from the ground up. This approach is informed by the ethics and integrity of Indigenous research practice.

Human research ethics clearance and data management

Human research ethical approval for all elements of this study was obtained from the Central Australian Human Research Ethics Committee, reference number CA-18-3028.

Methods

The research adopted a mixed methods approach, and included the following:

- interviews with 12 KSVP clients
- qualitative analysis of the 12 KSVP clients' Loss History Maps
- quantitative and qualitative analysis of KSVP client data using 53 client files
- stakeholder workshop discussions and individual interviews (29 participants representing 20 different organisations).

Data collection

The KSVP client interviews

Sample: The study involved interviews with 12 Aboriginal women who were clients of the KSVP. Initially, 15 women consented to participate in the study, but three withdrew consent before the interview.

Recruitment: In consultation with the KSVP, Dr Leisa McCarthy and Elaine Wills, who are both Aboriginal women from the Central Australian region based at the Menzies School of Health Research (Menzies), designed an A3 pictorial flip chart to explain the study to KSVP clients. The flip chart provided information to the women about the study, how participants could be involved, and what participants could expect from involvement. The flip chart also provided information for the women about their privacy and confidentiality. The KSVP staff were then able to refer interested and eligible women to the Menzies research team.

Eligibility was determined based on the following inclusion criteria:

- clients in the KSVP
- aged 18 years or over
- Aboriginal or Torres Strait Islander or both⁴
- able to provide informed consent.

Women who did not meet the eligibility criteria were excluded. Once the KSVP staff made a referral, the Menzies research team made initial contact with the women by telephone to agree upon a time and place to meet and discuss the research further. At this meeting, Menzies researchers carefully explained the study, what participation would require, and the process for giving informed consent for the different aspects of the research. For the women, this included participating in an individual or group interview, and allowing the researchers to access both their Loss History Maps (developed in previous workshops with Professor Judy Atkinson) and their KSVP client file.

During this discussion, the Menzies researchers also emphasised the voluntary nature of participation and that the women could withdraw their consent at any time. Importantly, the researchers also explained to participants their rights to privacy—for example, that their identities would not be revealed to their case worker—and that any data would be confidential and securely stored.

Language did not appear to be a barrier to the women providing informed consent. For example, when discussing the study, women asked pertinent questions when reflecting on what was discussed and in confirming study information and processes.

The interviews

The women's interviews were conducted by Dr Leisa McCarthy and Elaine Wills. The *Dadirri* interview approach was used to familiarise each woman with the researcher first through sharing information about who they are, where they are from and family they are related to. This familiarisation led to making connections regarding where the researcher and the woman "fit" within family and

⁴ To date, only Aboriginal women have engaged with or participated in the program.

community structures. This engagement style established a rapport, which opened the space for women to start to talk about their current circumstances and how they had reached that point. Limited prompts were used to encourage more in-depth conversation or confirm information. The women were given time to respond in ways of their choosing, and to present as much detail as they felt comfortable with. This method was effective in that the power of the interaction was not with the researcher, but with the woman, enabling them control over the amount and kind of information shared. It was an opportunity for the women to have a voice.

Most of the interviews were undertaken individually, although some were conducted in pairs. A light meal in the form of a drink and sandwich or biscuits were offered to the participant to detract from any perceived formalities of the interview. Prior to commencing each interview, the Menzies researchers asked the participant if it was appropriate to audio record the interview. Only one agreed to be audio recorded; the remaining 11 women preferred notes to be taken by the Menzies researchers while they shared their stories. One participant was particularly suspicious when asked if the interview could be audio recorded, but she willingly told her story once assured the interview would not be audio recorded. The researchers took extensive field notes in all the interviews with women.

Questions were based on memories and experiences (e.g. tell me a bit about what it was like for you growing up, or let's talk about where you lived, what was that like for you?). However, staying true to *Dadirri* as the interview method, questions were rarely incorporated as a way of eliciting information in the interviews. Prompts such as "can you tell me more" or a sympathetic comment were used only if appropriate. Otherwise, the interviewers used body language, in the form of nodding, not having arms crossed, and not holding the participant's gaze, which can be interpreted as intimidation. The setting was also important in keeping the power base with the participant, so the place of interview was of the participant's choosing. When conducting the interviews, sitting side by side or across from each other with no barrier (i.e. table) in between, on the ground or floor, also assisted with putting the participant at ease. Interviews with the women varied in timeframe from 40 minutes to almost two hours.

The Loss History Maps

In addition to their interviews, the 12 KSVP client participants gave the researchers permission to access their Loss History Maps, which they had made with Professor Judy Atkinson, Miriam Bevis and Patrina McMasters (a KSVP staff member) as part of the four-week KSVP course.

Loss History Maps are a method of retelling a life story, identifying significant past experiences. The aim of this method is for participants to document their experiences and to record memories of significance along a timeline from birth to present. The KSVP worker may say: "Tell me more about that", "What was that like?", or "It is okay not to want to talk about this time, but look—see what happened afterwards. That is when you started to drink and get in trouble." It is through this process that women identify personal past hurts, acknowledge their pain and shame, and begin to think more deeply about what they might like to do to help change happen in their lives. This activity can be undertaken within a group or as an individual and is dependent on the woman's choice. Good as well as hurtful memories can be included and, if the woman chooses, her experiences can be shared with others or kept private.

As this research was a pilot study with a naturally short timeframe and with limitations in researchers' dedicated time, face to face contact with the women was restricted from the outset. The Loss History Maps helped in overcoming this limitation by providing a broader picture of the women's stories and their experiences. The Loss History Maps, like the women's client files, provide important information about the women and complete their stories, including verifying or providing more detail.

KSVP client files

An audit of KSVP client files was undertaken to provide a broader understanding of the women's access to services, family situation and other circumstances. The audit was based on de-identified client files from the 53 women who had participated in the KSVP between August 2015 and January 2018.

Prior to the audit being undertaken, the Chief Executive Officer of the NAAJA gave the researchers permission to access the de-identified data. As agreed, the KSVP manager de-identified the data prior to releasing the information to the researchers, who then used the data to populate an audit tool and prepare it for analysis.

The KSVP client files provided researchers with both quantitative and qualitative data. The quantitative data took the form of demographic data, as well as information about services referred to and interacted with during prison and post release.

The qualitative data took the form of detailed case notes of follow-ups and referrals. This provided further insight into the services and systems the women interact with and the support and guidance they are provided with through the KSVP.

The Menzies researchers examined the files of all 53 women who were KSVP clients. Together with the KSVP staff, the researchers developed an Excel spreadsheet with the parameters of analysis. These parameters were used to analyse when women were referred to KSVP, their residential situation, their history of engagement with KSVP, their incarceration history and dates, violence experienced, legal services provided, external stakeholder referrals and services accessed.

The stakeholder workshop and interviews

Prior to the commencement of the study, the KSVP hosted a one-day stakeholder workshop on 2 February 2018 in Alice Springs, Northern Territory. The aim of this workshop was to bring all stakeholders providing services across Central Australia together to meet, share their work with one another, and map the services they provide to KSVP clients. The workshop was facilitated by Professor Judy Atkinson and was based on yarning principles (see Bessarab & Ng'andu, 2010). The discussions were recorded and transcribed, then compiled into an internal report. The workshop activities were also documented through extensive note taking by Menzies staff, and in written comments by participants on butcher's paper as an action planning activity for service reform.

The workshop discussions highlighted where and at what point stakeholders were linked in to provide specific support for Aboriginal women in Central Australia. As this information was highly relevant to the study, the KSVP Manager Miriam Bevis retrospectively sought individual informed consent from stakeholders who were at the workshop, so the researchers could use the workshop data in their analysis.

There were also some stakeholders and KSVP staff who were unable to attend the workshop, and they were contacted by the KSVP Manager, who provided them with information about the study. The KSVP Manager passed on the contact details of the additional stakeholders who were interested to the researchers, so they could be invited to participate in an interview.

The researchers then familiarised participants with who they are, connections with families and, sometimes, work history. This placed the researcher in a cultural space with which participants could connect. It also led to brief conversations, where participants shared their backgrounds and what had brought them to their current employment, and put them at ease for the interview.

Interviews with stakeholders were generally 60–90 minutes long. Two stakeholders requested the interview not be audio recorded and so researchers took written notes at these interviews.

Data from stakeholders were included in the study if participants were *either*

- a recognised Central Australian-based service providing assistance to KSVP clients, *or*
- a recognised organisation providing service or policy frameworks impacting KSVP clients, *and*
- they gave consent for their contributions at the one-day KSVP stakeholder workshop or their interview data to be used for research purposes.

Data analysis

Qualitative analysis

The interview recordings from the women and the stakeholders were transcribed by Menzies researcher Dr Michelle Sweet. Transcriptions and interview notes of participant interviews that were not audio recorded were initially analysed by both Sweet and Dr Leisa McCarthy. The women's and stakeholder interviews were analysed separately. A combination of *Dadirri*—sitting quietly with the data, contemplating it to gain a deeper understanding of the women's and stakeholders' experiences (West, Stewart, Foster, & Usher, 2012)—and the grounded theory principles of progressive identification (Ralph, Birks, & Chapman, 2015) and integration of categories of meaning from data (Charmaz, 2006) were performed. Analysis was undertaken in several sections before deciding on final themes and results (Charmaz, 2006). The following provides a description of the analysis process.

Initially, the interviews were listened to or transcripts read through and key quotes extracted while themes developed. A document with theme headings and corresponding quotes was circulated to the research team for review and agreement. Next, using grounded theory principles to build theory (Charmaz, 2006), and *Dadirri* as a phenomenological framework for the generation of data in a safe space, a deep inquiry into the data to identify common themes and extract statements that support or oppose these themes was performed. This was an iterative process of identifying main themes, followed by further testing with emerging themes until no new themes were rising from the data, sometimes referred to as saturation.

Once all the interview transcriptions and notes were analysed, the women's Loss History Maps were read and analysed again, using *Dadirri* to identify themes and extract key quotes. Reviewing these data with themes derived from the women's interviews assisted with building a comprehensive understanding of the women's lives through a process of bringing together and integrating all aspects of the women's qualitative data. This information was further completed with evidence from the women's client files.

The stakeholder workshop data, interview transcriptions and notes were initially read by Menzies researchers Sweet and McCarthy. The same methods described for the women were used for the individual stakeholder interviews. That is, the researchers sat with the data and contemplated the stakeholders' experiences under grounded theory principles of progressively identifying and integrating categories of meaning from the data separate to the individually consented stakeholder interviews. Once the data were coded into themes, the individual stakeholder data themes and quotes were included with the retrospective stakeholder workshop data.

Professor Atkinson reviewed the data separately to Sweet and McCarthy to confirm data theme categories and meanings. Once this process was completed and discussed with Sweet and McCarthy, the data were written up and cross checked, themes were finalised separately for the women and stakeholders, then cross checked again. Finally, the research team agreed on the theme headings and the quotes that would be used to support those themes. Once a document was produced, it was sent to Professor Atkinson and Ms Bevis for comment, redrafting and circulation. Professor Atkinson and Ms Bevis checked all analysis for quality assurance and thematic cross-checking. A teleconference to discuss themes and underlying results was conducted in September 2018, attended by all research partners from NAAJA, We AI-li and Menzies. Discussions were of key themes and the quotes that supported them. A diagram was drafted to illustrate the key themes and relationships, and was circulated for comment.

Quantitative analysis

Once the client file audit was completed, Menzies researcher Sweet performed an initial descriptive analysis of the data. In this instance, the audit parameters provided categories to undertake a simple descriptive analysis with percentages of the total sample using a Microsoft Excel spreadsheet (version 2016). The percentages were then graphed to provide a pictorial depiction of findings, which were circulated to the research team for feedback. Some changes and clarifications were made, and the findings redrafted and circulated. The detailed results of this analysis are summarised below and presented in full in Appendix B.

Research feedback and dissemination

A one-page feedback flier summarising the results will be distributed to the women. Planned feedback discussions with individuals and groups will also provide the opportunity to talk through the research findings and provide an opportunity for participants to make recommendations from these findings. For instance, they will be asked if they would like the findings shared more broadly for improvement of services, and who else may benefit from seeing these results. Similarly, the team will provide the findings to stakeholders with a one-page flier. This flier will be made available to individuals and their organisations and members of the team will provide opportunities for staff to have one on one and group discussions with workers who want to learn from this pilot study. Results will be presented and discussed with NAAJA management and its Board, along with a summary report. There may also be opportunities for peer-reviewed publications to disseminate the research to a broader audience.

In summary, the research approach uses an Aboriginal deep listening to the spoken–written word, with more than the ear, linked to an understanding of repeatedly asking the question: what is the human experience for the Kungas? This then contributes to a theory evolving from the ground up, which may help influence policy and practice in changing service delivery for the Kungas—the most incarcerated population of women per capita in Australia.

Key findings

This section gives primacy to the voices of the women with as little interpretation or analysis as possible. This is important for women who for most of their lives have felt they have not been heard or that what they have to say is of no importance. This is a preliminary study, and there is a possibility of reconnecting with the women in a further study.

Each section will summarise the sub-themes and themes intended to foster a better understanding of the ways in which complex trauma contributes to the incarceration of Aboriginal women. The first section outlines the demographic characteristics of the participants, before providing an overview of the sub-themes and themes as they emerged in the analysis and are presented in the diagram.

The research team was conscious of protecting the confidentiality of research participants. While the women are drawn from a large geographical area, many of them come from small communities, and there was a risk that participants could be identifiable from their contributions. Therefore, to ensure confidentiality, the researchers have united these voices. Only the women would recognise their own stories. Throughout the findings, the KSVP clients who are participants of this study are referred to as “the women”.

Findings from the KSVP client file audit

As described previously, an audit of KSVP client files was undertaken to provide a broader understanding of the women’s demographics, family situation, housing status and other circumstances. Further details from the KSVP client file audit are provided in Appendix B and are summarised here. The audit was based on files from the 53 women who participated in the KSVP between August 2015 and January 2018.

Age

The KSVP program included women as young as 20 years old through to women in their 50s. The highest percentage of the women were 26–35 years old (n = 28, 52%).

Relationship status

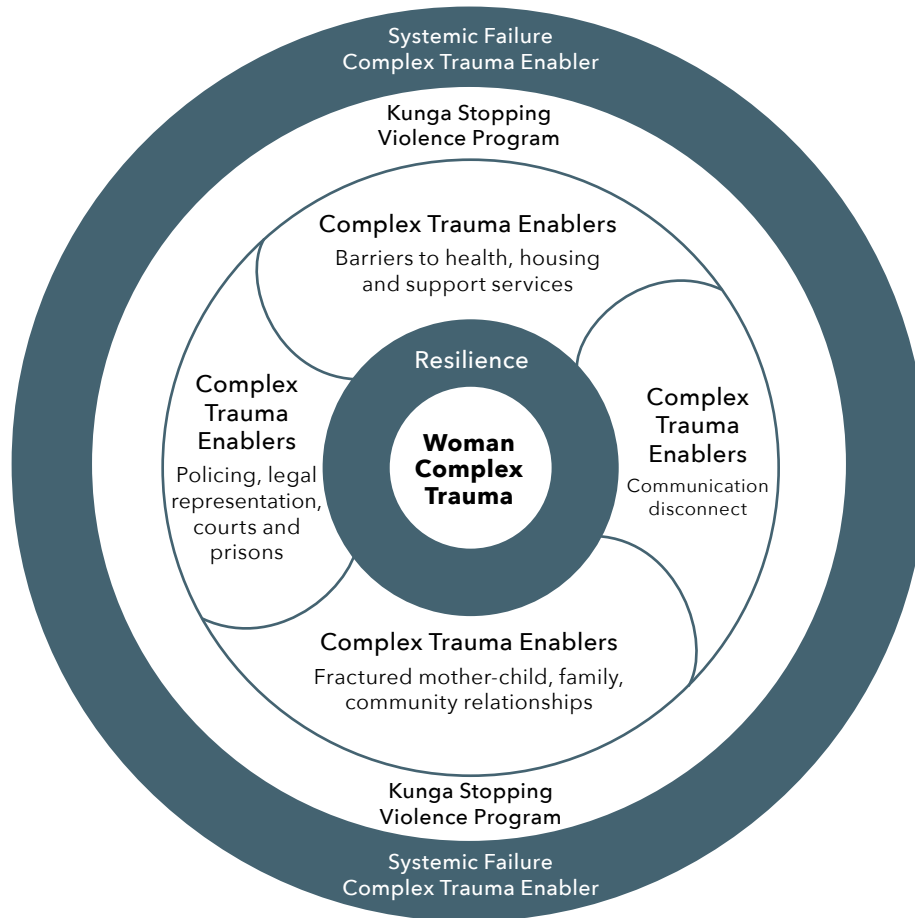
Just over half of the KSVP clients identified as currently being in a relationship. Of the 53 women, almost all (n = 51, 96%) reported having experienced violence by an intimate partner prior to entering prison.

Children

The majority of the women are mothers (85%; n = 45). Of the 53 women, 21 percent (n = 11) have had one or more children removed from their care by state child protection authorities. While informal care arrangements are not collected in the client file, the women also spoke in their interviews of having children who were in the care of extended family members without the formal involvement of child protection agencies (see Appendix B, Figures 5 and 6).

Housing

The housing status of the women before and after incarceration was collected in the audit. The majority of the women (n = 33, 62.3%) lived in housing managed by government or non-government agencies. However, many of the women had no official authority to reside in their accommodation; 75 percent of the women were not officially listed on the lease and were generally staying in an overcrowded house of a relative. Only 13 percent of the women are on tenancy agreements. Not being listed on the lease is a significant predictor of how able a woman is to remain safe or find a safe place. Not being listed on the lease is also indicative of the (lack of) legal power a woman has to stay in the property. If a woman is at risk of family violence and is included on a Territory Housing lease, then they have the ability to be transferred to safe housing. If a woman is not on the lease, then this is not an option for her. The data collected in the file audit demonstrate the persistence of the problem of finding housing post release. There is some improvement in women being housed after they exit prison with the assistance of the KSVP. The improvement in the number of women in housing pre-incarceration (34%), and post-incarceration (42%) may be due to the positive impact of the KSVP. However, a large percent (41%) are still homeless post release. This places the women at risk of being in breach of their parole conditions and being in an unsafe environment.

Figure 1: Thematic theory framework for women’s and stakeholders’ qualitative interviews

Prior incarceration

Data were collected to understand the number of times a woman had been incarcerated prior to participation in the KSVP. Of the 53 women, one woman (1.8%) had not previously been to prison, eight (15%) did not have a record on file of episodes of incarceration, 12 (23%) had had three previous prison episodes and 21 (40%) had had at least four or more prison episodes. Two women (3.8%) had had 10 prison episodes. These numbers only tell a small part of the women’s incarceration histories.

Findings from the interviews with women, stakeholders and KSVP staff

An initial framework of themes was developed by mapping and reviewing the data from the interviews with the women and from verifying these observations with workshop discussions (Figure 1).

Within this diagram, a woman is situated in the centre. She symbolises all the women who have clear histories and present symptoms of complex trauma, as verified by their stories. This is not, however, an official diagnosis.

Surrounding the woman are factors in her life that demonstrate resilience. While some of these factors enable her to survive under distressing circumstances, they may also inhibit her from seeking help. The third layer identifies a series of circumstances and situations that contribute to her complex trauma. In many instances, these circumstances continue to exacerbate the trauma and further compound her complex trauma symptoms. These are referred to as complex trauma enablers. The term “enabler” is used here in reference to experiences and a process or system that enables self-destructive beliefs and behaviour or unhealthy life choices. Four broad areas of complex trauma enablers have been identified: fractured mother–child, family and community relationships; communication disconnect; legal, courts, policing and corrections policy and practices; and barriers to health, housing and support services. The Kunga Stopping Violence Program (KSVP) was another theme that emerged in the research interviews and this has been placed in the diagram surrounding the complex trauma enablers. The KSVP is named as a theme because it provides the women with support on their release from prison. Hence, it is in close proximity to the women’s struggles to survive on their release, and KSVP staff are able to see clearly how the systemic failure of the legal, justice and service systems further contributes to compounding the women’s complex trauma. The KSVP fills in and takes pressure from other support services to deliver the services they are funded to

deliver. Finally, a ring surrounding the whole diagram is named “systemic failure”. Systemic failure is the combination of all these factors—compromised health, inadequate housing, social support, legal services, families and communities in crisis—that continue to interact with and compound the complex trauma symptoms experienced by the women and which affect individuals, families and community programs, conflicting with attempts to enable healing and recovery.

Women and complex trauma: Complex trauma as enabler

Growing international consensus recognises that early life events, including severe childhood harm or threats of harm, can lead to a diagnosis of complex post-traumatic stress disorder, or complex trauma (Herman, 1992). Complex trauma manifests as re-experiencing previous trauma in the here and now; avoiding traumatic reminders; feeling a persistent sense of current threat; having an exaggerated startle response; and displaying hypervigilance. Krieg (2009) lists signs and symptoms of trauma for Aboriginal and Torres Strait Islander peoples:

- a deep distrust of self and others, even within the family
- self-directed violence, including suicide and risk-taking behaviours
- substance misuse
- unremitting grief
- shame and humiliation
- intergenerational conflict
- violence against women, role diffusion
- sexual abuse, including boundary violations.

The complex trauma clearly identified in the life stories of the women in the KSVP is depicted pictorially in their Loss History Maps and repeated in their interviews. The women have had and continue to have traumatic experiences, and systemic failure means the services they rely on do not meet their needs despite those services being funded to meet the needs of all citizens. The women’s journeys into prison and their exposure to systemic failure—including a lack of quality, culturally safe services on their release—contributes to and reinforces their traumatic experiences.

Complex trauma and resilience

Bonnie Benard (2004, p.13), in *Resiliency: What We Have Learned*, says:

Resilience could be considered to have four broad categories:

- social competence—responsiveness, flexibility, empathy, caring, communication skills
- problem solving skills—critical thinking, generating alternatives, planning, change
- autonomy—self-esteem, self-efficacy, internal locus of control, adaptive/distancing
- a sense of purpose and future—goal-directedness, achievement orientation, motivation, educational aspiration, persistence, hopefulness, coherence.

Benard also lists three descriptors for family resilience:

- caring and support—close relationship with one person, affection expressed physically and verbally
- high expectations—structure, order, values, explicit expectation, faith, hope for the future
- participation—valued participant, domestic responsibility, independence encouraged, autonomy respected.

While all the women in the study showed high levels of resilience or strength under extreme circumstances, it would appear from their stories that resilience can also become an enabler of further trauma. The women showed a sense of purpose in leaving unsafe situations, but without social or family support, they often found themselves alone and struggling to parent without resources to help them.

In their stories, some of the women reported childhood memories of “growing up in country” with grandparents, resulting in positive, life-affirming and enriched early childhood years. However, this is contrasted by the experiences they had after moving to town to be enrolled in school.

Their lives changed. They no longer felt safe in their changed environments. On the other hand, those women who grew up in town camps in situations where there was extreme drinking and violence have had childhood memories of terror repeated. For many women, this terror was repeated in the teenage years, and again in a series of adult relationships that were violent.

Holding family values and building resilience

Trauma damages one's competencies of problem solving, critical thinking, self-esteem, internal locus of control, future planning and expectations for the future (Benard, 2004). Such competencies must be rebuilt through healing and in relationship with healthy people. Despite their histories, the women showed remarkable resilience in themselves and in attempting to be the best mothers they could be, up holding family values of support and caring, providing food for the family, and trying to establish order in the chaos created around and, in some cases, by them.

There was a difference in the life-stories of women who have early childhood memories and experiences of being in country, helping collect "bush tucker", feeling safe in the loving care of grandparents and others who did not drink. They were taught about country and traditions, in comparison to women who lived in town and saw and experienced a lot of family or community fighting fuelled by alcohol. In the first group, women had showed resilience even when there was disruption and disorder in later life. This group of women demonstrated, for example, high parenting competencies even when under stress from violence.

By contrast, the group of women who grew up in town, where culture was not as strong, do not have the same level of resilience, resistance nor resolve through life-changing circumstances. This often affected their competency as parents. Nonetheless, both groups show resiliency under extreme circumstances.

The first group, who grew up with strong culture, were able to bounce back in adversity, had a higher capacity to adapt to distressing circumstances, and were able to remain

hopeful for the future. In all situations where the woman had a strong childhood bond with a supportive and loving caregiver (generally a grandparent) who provided cultural and spiritual encouragement and support, the woman showed greater levels of resilience. However, resiliency cannot always be sustained over multiple traumatic events, as is evident when young women move into unstable, violent relationships.

One woman's parents worked as educators, and instilled in her a value for education. Because her grandparents looked after her in early childhood, taking her on country and teaching her through stories about country, food for nourishment, human respectful interaction with country and other human relationships, she felt safe. Hence, she did not experience trauma from her later negative childhood experiences to the same degree that other women who did not have positive experiences of early childhood nurturing to draw on. Despite the fact that she says her father rejected her, she also reported that he was sometimes kind and caring. However, she also said that when her grandfather passed away when she was eight, he left a lasting impression on her as he was the most responsible person in her life up to that time. She has carried her sense of responsibility for country throughout her life, misunderstood by authorities in her strong advocacy. The woman said that when an uncle later became a police officer, this was significant because she started to feel a sense of safety.

In another instance, one woman explained how her family helped her develop a sense of justice for others:

People would come to our door if their husband had beaten them, or they didn't have lunch for school. I'm not sure whether it was on paper or anything like that, but people knew they could come to us as a safe house without giving them away. We'd have women running to our house. We'd look after them, ring the police, get AVOs. I grew up with a keen sense of justice. I saw white people come to our house for help, not just black people. I understood from a young age, it wasn't all about race.

Another woman said she was a good mother, yet she was judged differently by the system. She worries for her children and tries to protect them. She has coped throughout life with the

knowledge that was passed down from her grandmother and grandfather. This provides a strength and resistance to much of the negative elements of the broader Central Australian ethic, and is supported by her Christian faith. She has found music helpful and became a musician. Her song writing has given meaning to much of what she has experienced. In particular, when she encountered injustice towards her children she was able to use her songs as a powerful protest against the harm she saw enacted on her daughter. She said that she plans to restart her band, using music to educate her communities about positive parenting, and to expose the dangers of social media on early teenage children. Her strength and resilience come with a commitment to culture and to music as education, for the future of her children, and all children.

The woman who said she wanted to be “a woman of my own, like a white woman, go to work, have a car to get there on time” demonstrated purpose and commitment by undertaking all courses of study available to her while incarcerated. She said she was keen to finish high school, to re-engage with the “Karen Sheldon Program”, has applied for Territory Housing on her release, and wants to enrol in the Preparation for Tertiary Success course. She is actively setting goals for her future and shows great resilience as she reflects on her future. Yet she was also able to show that, as a black woman, she has always been treated with less respect. Her comments are similar to those of another woman who experienced extreme racism by white girls when she came to town to live with her grandmother so she could attend school, aged eight. When her grandmother, a respected community worker, went to the school to try to help, the school brushed her aside, dismissing her voiced concerns on behalf of her granddaughter.

The women in the KSVP are learning to manage the big feelings that come up in times of adversity. They learn first by naming feelings that they had previously suppressed, reacting to situations that have resulted in severe physical and emotional harm. Their resilience is clear in how they work to manage their lives under extreme circumstances.

Resilience takes many forms, and is demonstrated, for example, by the woman who, sentenced to a long period in prison, has

made the decision not to have family visits because it would be too upsetting to have the family to see her in prison for such a long time. As Kraybill (2018) has argued in regard to post-traumatic growth:

rather than viewing resilience as some desirable trait or capacity individuals may or may not have, we should view it more broadly, as a range of responses enabling us to survive in the face of adversities. This broader understanding enables us to recognize and value resources, often existing in spades in survivors—that we might otherwise despise. (n.p.)

Resilience is often defined as an individual’s ability to bounce back, the capacity to adapt well in times of adversity, tragedy, trauma or threats to wellbeing. It is considered an important social construct in social systems (Sippel, Pietrzak, Charney, Mayes, & Southwick, 2015). In trauma work, resilience must be built before practitioners explore trauma stories with clients. While the women in this study demonstrate remarkable resilience when experiencing extreme levels of trauma, this resilience has biological effects with particular adaptive responses that need to be understood. It is these adaptive responses that the service and justice systems fail to respond appropriately to—punishing the women when they need support to heal. Further, in all situations, women encounter structural and institutional racism, which undermines their resilience. This will be explored in more depth throughout this section.

Complex trauma enabler: Fractured mother-child, family and community relationships

Trauma occurs when attachment is fractured and childhood is unsafe. Attachment is:

a special enduring form of emotional relationship with a specific person (or people). It involves soothing, comfort and pleasure. Loss or threat of loss of the specific person evokes distress. The child finds security and safety in the context of relationships. (Perry, 2013, p.2)

In the life stories the women shared, it was clear that many of them had disrupted childhood attachment. As children, they were not safe and they felt unsafe, they experienced violence in their early relationships, and they had difficulty maintaining strong, healthy relationships as adults. The violence between their parents they experienced as children was re-enacted within their own emerging relationships and repeated on their children.

The stories reflect clear patterns of children who have had a home life in crisis. Many of the women entered intimate relationships early, relationships which in turn have replicated much of what they had experienced in their own childhood. In one situation, a young woman entered her first relationship when she was 15 and had two children soon after. She experienced high levels of violence towards her by the children's father. She moved on to another relationship, and by age 30, she had had four children and been with four extremely violent partners, resulting in serious, life-threatening injuries. Although this story sounds extreme, it was a common experience of many of the women who participated in this study.

A lack of feeling safe when growing up

The women often suffered an overwhelming sense of being unsafe in early childhood, which continued into adult life. As the women described their childhood experiences in *their* world as often unsafe, consequently *the* world also felt unsafe to them. This level of trauma due to a lack of sense of safety continued from childhood into adulthood. The women showed the researchers how they move through life navigating a fragmented social, political, judicial system that is shown to fail them, as they try to make sense of a world that has been made unsafe for them. They reported feeling extreme levels of stress when community fighting took place, with one participant remembering the fear she felt during a fight with other families after their house had been broken into and things taken.

Some of the women had early memories of “growing up in country” with grandparents, which resulted in positive life-affirming enriched childhoods. Living on “country” with grandparents as caregivers who did not drink was rich, safe

and nurturing. These memories, however, are positioned against experiences of a lack of safety when these women's lives changed. Some came into town for schooling or when family circumstances changed, and they moved into “town camps” in Alice Springs or Tennant Creek where alcohol was readily available. Some grew up in town camps; these women experienced a lack of protection in their childhoods and in their adult life. For example, a number of women described situations similar to the following, where they felt unsafe as children:

[At around four years of age,] the man I called father entered the life of my mother and my mother began to experience domestic violence. The man [father] would also beat me. . . . I was too little to understand but I always felt unsafe.

The women were not clear about details—for example, this woman was unsure whether this man was her father—but were clear about expressing their feelings of being unsafe and rejected. This woman described memories of a lot of gambling, drinking and jealousy when her parents were home. Her father would say to her, “I am not your father’ and then he would beat me and my mother. He never beat my brothers like he beat me.” A woman described her feelings about growing up in a town camp, raising her own children. She said: “I found myself living in a town camp and it was not good. Too much alcohol. I was scared to lose my children to alcohol and other stuff going around town.” Daughters said they were scared to be living with parents in town camps and, as parents, felt scared to see their “children living in dangerous situations”. Lack of safety and resulting fear became generational.

Some women experienced many premature deaths across their family systems (including a mother, grandmothers, grandfathers and uncles), which also impacted on their felt sense of safety in their world of relationships. Family life was disrupted, sometimes losing relationships or communication with parents, and in one case a named beloved uncle who had provided stability. In one instance, a woman had been left as a young teenager to raise her younger brothers by herself. This experience has repeated itself in the current generation as this woman, now in prison, has a teenage daughter who is responsible for looking after her two siblings aged two and

10 years of age, just as the woman had done as a child with her siblings. What was clear to the researchers, in listening to the women, is that the women rarely felt safe, either as children or as adults.

The women in this study had time to reflect and think about their own children while in prison, and during the interviews expressed worry about their children's safety. In the KSVP course, an exercise of mapping feelings onto the body was introduced to the women. While trying to manage their distressing feelings, the women had no words for the behavioural aspects of violence and non-violence until the KSVP introduced the "feeling healing tree" with feeling words as leaves and healing activities as flowers. Locating feelings in the body was vital to women as they linked feelings to actions. Associated with this felt sense of a lack of safety, words included "fear", "shame", "anxious", "despair" and "numb". This became one of the first times the KSVP clients could explore and express their fears outside of family.

Lives of uncertainty

We had constant moves: Tennant Creek, Alice Springs—leaving Alice Springs because of bullying. [KSVP client]

All the women led lives of uncertainty to various degrees, as well as experiencing other traumas that would compound their distress. In one instance, along with constant relocations, a young woman had experienced intense bullying. Not only had she experienced racist bullying by non-Aboriginal girls, but she had also experienced jealous bullying in the context of lateral violence by Aboriginal girls, including physical assault and verbal putdowns because they said she wanted to be "like a white woman". Many women in the study told the researchers about being physically assaulted and verbally harassed by bullies. They said that families often moved away from distressing situations, which had an effect on them as children.

One young woman in the study started to look for "weed and grog" at the age of 16 because of the pressures she felt from bullying, which disrupted her schooling. Her mother died around this time. Again, the early death of a primary

caregiver was a common experience among the women. Soon after this time, the woman entered a relationship full of jealousy and violence. Her partner broke her jaw and stabbed her in the ribs and leg. When she was pregnant, her partner's jealousy forced her away from her extended family where she had previously been able to receive some level of protection. This is another pattern that is repeated among the women in the study, where after a significant loss—for example, the death of their mother—a young girl moves into an early relationship which is full of violence. In this particular case, similar to the others the researchers heard, the young woman experienced bullying at school and disrupted schooling, resulting in ongoing anxiety and depression. She is now hypervigilant, a symptom often associated with PTSD (a diagnosis she has received), and she has been in a number of serial abusive relationships.

Although this is one story expressed in this woman's interview, these experiences of feeling uncertain, experiencing violence and turning to self-medication were common to many of the women's stories.

The following is an extract from another woman's story explaining a similar experience of violence, substance use, and a desire to be something else. After growing up witnessing extreme levels of violence in a town camp, the young woman partnered with a young man, with whom she went on to have two children, and he had feelings of intense jealousy. In that time, he was drinking heavily, and escalating abuse against her. After he slammed her head against the wall, she ended the relationship. She got a job in the Community Development Employment Projects (CDEP) program to try to establish her independence. She entered another relationship and had her third child. This relationship was also violent and so she left. Aged 30, she entered a third relationship with someone who was later unfaithful and violent—he broke her jaw and kicked her in the face. She terminated that relationship. Around that time, she was raped by two drunken men. She went to prison for drunk driving and stealing. By age 31, she had been in four relationships, all of which were violent. She expressed her desire to change her life: get off alcohol, stay out of trouble, study and get a job: "I want to be a woman of my own, like a white woman, go to work, have a car to get there on time." Yet, while she experiences racism, she

cannot directly state that such racism precludes her from being treated “like a white woman”.

Childhood memories don’t disappear—they are acted out in the next generation

I grew up with violence. Feeling scared and afraid all the time. Dad would come home drunk and flog us—hose, sticks, wire, belt. [KSVP client]

Later on, I had mental health problems—I was put on antidepressants before the children were born. I have used alcohol since 2006 to cope. [KSVP client]

When one woman got married, there was a similar pattern in her own relationship with her partner to her mother’s experience. The negative childhood memories then started to overturn any positive childhood memories. In fact, some women had to be prompted to talk about good childhood memories. Even when the early teen relationships with young men began to turn violent, women clung to the hope he would change, as they tried to create what they did not have in childhood. They were scared to lose the relationship.

Violent partners use control to isolate women from their extended families and from community support. In one case, a woman’s violent partner kept their children away from her family: “He would make up stories and he would argue with my mother.” She said her partner had fights with her and with other people. She got sick of police coming around and went to the women’s shelter. He got locked up. Even so, she said he attempted to control her from the prison, but according to her, life became better after he was incarcerated.

When one woman was about 12 years old, her big sister got married and was given responsibility to look after her younger siblings. The children witnessed the brother-in-law hitting her big sister. She said he was strict and would hit her and her other siblings and force her sister to hit them as well. She mentioned an incident where she and another sibling went to a disco and her sister found them and hit them on the way home. When they were at home, “we got a hiding again, it was cruel”. In this case, violence against a partner appears also to be extended to her siblings.

A repeated sub-theme was the occurrence of parental drinking while in the town. For example, if a family was living in Tennant Creek or Alice Springs, the parents would be drinking, but when they moved to an outstation, the drinking would slow down and hence relationships improved with parents and extended family. However, “moving back to Tennant Creek after a few years they started drinking again”. This would indicate that living in towns with access to alcohol was a serious risk factor.

Generational fear

For the women in the study, fear is generational. One woman spoke about listening to her grandmother talk of the fear she felt when being chased and shot at by a white man on horseback when she was a young girl. Women remembered adults talk of the fear they felt as children when witnessing their parents fighting or seeing violent acts. The mothers in the study worried about their children witnessing domestic violence and being unable to protect them. The family of the woman mentioned above contained four generations of women experiencing fear:

- being chased and shot at by a white man on horseback
- watching her mother experience violent domestic assault
- her own experience of domestic violence
- knowing her children were witnessing domestic assault.

Flashbacks—being flooded with feelings

When one woman got married, she started to have flashbacks to the violence towards her mother she had witnessed as a child. By age 22 she had two children; however, her relationship was unstable, and she tried to stop her partner’s drinking. The domestic violence got worse and was like her mother’s situation. She was now being hurt “badly physically as well as emotionally”, whether he was drinking or not. But she had intrusive conflicting thoughts that she might lose him, while also wanting to leave the violence. She started drinking.

Another woman described childhood memories of her parents fighting, her mother bleeding from wounds. She moved around a lot, but for most of her childhood she lived in a town camp in Alice Springs. At 16, she met the man who

would become her first child's father. When her son was born, she was happy, but the father threw the baby into a garbage bin in a fit of rage and burnt all his clothes and baby toys. She says: "he was a violent man". At 19, her first daughter was born. At 22, her second daughter was born. She finally left the man after she was hospitalised with head, arm and leg wounds. He was jailed for this assault. Two years later, her mother was stabbed, and her partner was released from jail. Her daughters were removed by the Northern Territory Department of Children and Families and put in the care of an extended family member. At 24, she met her fourth child's father. Her new partner was violent and controlling and he kicked her in the stomach while she was pregnant. She was hospitalised for an emergency caesarean, giving birth to a son.

The baby was removed by the government child protection agency and placed in foster care. One day, aged 31, the woman was drinking when, as she says, an "accident" occurred with her aunty. This aunty was her godmother:

She grew me up—looked after me and looked after my children when I was drinking. She stood up for me and protected me. When I listen to music I cry remembering. Even when I am sleeping I see her face coming—come to me.

In the session with the researchers, the woman cried, said she needed a photo of the aunty who died because she stabbed her, but that she knows she is forgiven—"That was what Aunty was like."

Abandonment—being disconnected and isolated from the extended family or community

The women in the study felt abandoned and unsupported within their communities, disconnected and isolated. They expressed feelings of mild to severe traumatic abandonment. A number of the women expressed feelings of being abandoned when their mothers were drinking: "Mum—why couldn't she worry about me? She was going out drinking all the time." When they were home, episodes of domestic violence became the norm. Often, the children were raised

by grandmothers and grandfathers, who provided love and care. A common feature of the women's stories is the devastating impact of the early death of grandparents. Attachment to the grandparents is a deep cultural norm; for example, when one participant lost her grandparent at six years of age, her feeling of being alone, anxious and abandoned was deep.

The early influence of alcohol and other drug use was evident, including petrol and glue sniffing, marijuana and, more recently, synthetic cannabis (K2). When parents were drinking, young people started using other drugs:

I felt rejected and unaccepted by other girls and I started to use ganga [marijuana]. When I was about 14–15 years I was in crisis, did not know myself, who I was, forgetting who I was.

The use of drugs reinforced feelings of being isolated and unsupported, not just in their families but in the community generally. One participant breached parole and so went back to jail. She was "stressed from my family ... when I got out, I stay away from family ... they drink a lot ... force you to drink with them". Other women said:

My mum and dad drank. There was violence. Us children had one room together ... [names seven siblings] we stayed in that room when the fighting was happening, we were frightened. Big sisters would look after me. My sister left and I went bush, west of [place name] with my mother and father. They didn't drink out bush. Parents started drinking and fighting again when they went back to [place name]. There was no food when they were drinking.

There were lots of temptations, family was drinking. I worry, might get bad news. I needed to know what sentence I was going to get, to get relief, I put in for a referral to Darwin Prison. My mother and niece live in Darwin. I had been drinking too much—a bad relationship—locked up in prison. Drugs too. Too much controlling. Didn't have a chance to get a house or a job to look after my granddaughter.

Conversely, drinking or using drugs together created bonds with relevant age groups outside the extended family unit.

Traumatic violence and traumatic loss are interconnected

The women's stories revealed the interconnection of traumatic violence and traumatic loss. When things were not good at home, young women started drinking early. One of the women said she started drinking at age 14, and soon got a boyfriend. He assaulted her often, punching her in the face and giving her a black eye. By 15 she was pregnant and gave birth to her first child, a second child by the next year, and a third child at the age of 20. While her children witnessed a lot of the abuse, she herself was struggling with losing her father, and being unsafe in the choice of her male partners. She said her partner's mother blamed her for drinking while she was breastfeeding, but did not chastise her son for his violence on her even when she had just given birth. Her children were removed from her care.

Another woman talked of the impact of suicidal behaviours by her male partner, and his paranoia that she might be cheating on him, which created unbearable tension in the relationship. This increased his controlling behaviours and extreme mood swings. The woman felt violated when her partner would insist on watching her shower, would "feel her", because he believed she'd been sleeping with other men. Her partner damaged her property, threw her clothes out in a jealous rage, believing she was sleeping with someone else, which she says she was not. She said:

He started to make me think he was with someone and was blaming me for what he was doing. He was getting really angry, becoming physical. Then his mother went to call the police. No one came out to stop us from fighting. He came up behind me, yelling at me. I stabbed him in the chest.

Family members' experiences of violence by people outside their families

When one woman was 11 or 12 years of age, her mother was working on the day patrol (community safety) and she and her two-year-old sister were with the grandmother, who was blind. Her little sister went to play with a friend and was taken away by a man and was raped. When her mum returned from work and changed her little sister's nappy,

she noticed "*she'd been really hurt*" [emphasis added]. She called the ambulance. "Mum was very angry with me for not looking after my sister." The man was arrested and went to jail. She said: "This should have been me. I started drinking after my sister was raped. I kept thinking I should have been with her, to stop it, and that it should have been me."

The woman lived with her paternal grandparents and she continued to drink. She said, "there was no violence when I was with them". All the way through her file, this mother expressed wanting to take care of her son or wanting him to be in kinship-care. "I want him back with the family." This has not happened.

Multiple deaths within families—prison compounds complex loss and grief

Loss and grief can destabilise family relationships, as demonstrated in the women's stories. A 30-year-old woman said the first time she went to prison was for assaulting another woman. She said that after her mum passed away, "everything went downhill from there. ... It was a bad time. I took off to [place name]. I turned my back against the whole world." She said when she went back to where her mother lived, "It made me more sad. I haven't grieved for my mother yet." The man she called father and whom she was fond of also passed away. "He used to call me '[name] girl'." Her biological father passed away as well and so did her paternal cousin. All these deaths happened in a short space of time, and this appears to have destabilised her. She was "feeling lost, unsupported", and so her Auntie took her in and sent her to school where she felt "happy, creative, joyful and energetic". The women in the study expressed a want to rebuild connections between their children and people who have passed, reconnecting them to stories of family relationships. One woman wanted to be able to take her daughter to her mother's gravesite, "to show her the grave of her grandmother".

The women's lives were layered with loss and accompanying unresolved grief. A deep sense of loss was triggered in one woman when her grandmother passed on and, shortly after, her mother also died. Experienced at an early age, both these were significant losses in her life. Her drinking got worse after her grandmother died. The violence with her partner

also worsened. After one participant's mother died, while she was still grieving for her mother, her father rang her, crying on the phone, remorseful, telling her he had not been a good father to her. This triggered further levels of grieving in her, which she was unable to express because of the conflicting issues of the violence that had been part of her parents' relationship. She found music helped her.

Prison separates parents from their children and can fracture their possible ongoing relationships. As one woman expressed,

In prison, I missed my children, my first time separated from them. I felt lost. No personal contact with the youngest children, a photo would have helped as other mothers have photos. ... I am worried about my daughter's education. I completed Year 12 and I want the same education for her.

One woman described how her eldest son was hit by a big man while she has been in prison, resulting in a significant disability: "I want my son to stay with me, so I can look after him." Prison provided time for the women to reflect on the circumstances of their life and their children, with no opportunity for resolution. One woman whose son was diagnosed with FASD said: "I should have helped my son with better food. I was angry, drinking, no housing or money." In listening to the life stories of the women in the reporting back of this section of the study, specific themes and sub-themes reverberate. They contribute substantially to a theory of complex trauma in the lives of the women who participated in this study.

Complex trauma enabler: Communication disconnect

While the research reveals a gap in service provision, it should be noted that the gap may have been enabled by a breakdown in communication. Consequently, this section considers the various factors that contribute to this communication disconnect.

Language barriers— a communication disconnect

One KSVP worker identified language as a communication barrier which gives rise to misunderstandings:

Most women we work with, English is not their first language. They have to have a command of English when they go to organisations whose services they need to access. It's not like they can't communicate in English, but when they are in crisis, when they are having intrusive thoughts—memories and ... dealing with things like counselling, deep things, trauma, this also impacts. Again, women giving statements, it is in English. Do they really get a chance to fully explain the complexities of their story! This also affects their relationship with police, and lawyers as they think police don't listen. Misunderstandings also happen with service providers which creates a distrust. For example, one woman said service providers was getting housing for her, while in fact what they were doing was putting in an application for her.

In another situation, a woman's attendance at a family member's funeral was compromised because of language and perception. She wanted to attend the funeral, but the probation officer was concerned she would flee or self-harm, or that KSVP would take her to two funerals within days of each other. The participant and KSVP were unable to communicate the need for the woman to attend both funerals and that because she was in the care of KSVP staff, she would neither flee nor harm herself. The failure was not just with communication of need, but in perception of rights. Further, this woman had experienced significant persistent breaching of restraining orders by named assailants. She experienced, once again, a failure of the legal system to provide her with her right to attend funerals important to her. This woman was unsafe, with no particular safe place. Her partner had a history of domestic violence against her, with charges and convictions from 2006 to 2011. She still did not feel protected and was unable to communicate her distress to the extent she felt believed.

Shame in complex trauma contributes to a communication gap

We live in a world where most people still subscribe to the belief that shame is a good tool for keeping people in line. Not only is this wrong, but it's dangerous. Shame is highly correlated with addiction, violence, aggression, depression, eating disorders, and bullying. (Brown, 2012, p. 49)

Sitting with her head down, feeling deep shame, silenced, unable to talk about what she had done that led to the death of her long-term partner, one woman had a 25-year-history of imprisonment. She said in her verbal history that she grew up with her parents and siblings, with no family violence. However, she has a long history of domestic violence with her deceased partner. She reported a history of arguing about money, alcohol and jealousy, and admitted to having a problem with alcohol and becoming argumentative when drunk. She said this is what led to the incident between them that resulted in his death.

For some of the women, this shame was converted to despair as they waited in prison. One woman worried about the welfare of her three children who were unsupervised, living in a town camp in Alice Springs away from their home community where their extended family resided. She was anxious about their wellbeing, fearful the whole time she was in prison, worried and stressed for the wellbeing of her daughters.

Communication takes many forms, and the KSVP workers understand the complexity of the women's trauma. They understand that at times communication can exist in silence, bodily responses and reactions. Nonetheless, it is always good to "check it out". Women might perceive something different to a worker: "When speaking to the Kunga clients they will talk about what the 'perpetrator' did, but also say 'he is a good person'". Another worker confirmed similar perceptions of her clients, saying: "The assailant is not all bad."

Because KSVP works with many men who are the partners of the women, they do not perceive the men in simplistic "good and bad" categories. This is one of the ways the KSVP is different to many other domestic violence services.

A KSVP worker and a stakeholder also commented that they noticed how trauma is recorded on the women's bodies: "When telling their story about a physical injury, a woman would hold the part of the body where the trauma occurred." An example was of a woman who suffered a broken arm, and when recalling the event, "She held or touched where the arm was broken, but the woman was not aware of how she was communicating her injuries."

Complex trauma enablers: Policing, legal representation, courts and prisons

The long incarceration time while on remand, sometimes up to 11–12 months, and mandatory sentencing in the Northern Territory compound the injustice experienced by Aboriginal women. As summarised by a KSVP worker:

When we do the Loss History Maps, we see the women's stories; their lives are revealed in more depth not just to us, but also to them. The maps explain so much of what has happened to the women and what they have done in response, that has them on remand in prison, waiting for court, perhaps being let go or sentenced to a prison term.

In the stakeholder workshop, one participant stated, "There is a need to develop a different service model and then advocate for systems change with appropriate funding. We are the ones who know this space."

Better understanding of mandatory sentencing law impacting women's lives

The women in the KSVP are impacted by the Northern Territory policy of mandatory minimum sentencing for violent crimes. The women's stories and the reflections from stakeholders and KSVP staff explore the way this law interacts with the other realities for many women in Central Australia.

A KSVP worker explained:

Having the information provided by the loss story [history] maps and getting to know the women over the four weeks of the intense work we do in the prison in the delivery of the “Loss Grief Trauma – Anger Violence Boundaries Safety” course [and] the relationships we build, understanding their life story really develops over time. You realise there is a lot going on for the women that you didn’t realise before, and what goes to court is just the tip of the iceberg. Their trauma histories, their childhood experiences, the way they have been treated in relationships is never looked at nor really understood by the lawyers and the judges in court.

Another worker said:

This does not excuse violent behaviour, but with mandatory sentencing in the NT [Northern Territory], a court has to agree to exceptional circumstances to not apply a full mandatory sentence. Hence, if the women’s stories were better documented and understood, the lawyers would have a greater ability to argue the case. The magistrate would have a greater ability to give a just sentence. Those women we work with, we can advocate for them as we document what has happened to them to trigger their aggression.

The work of the KSVP course in the prison is educational-therapeutic work, taking what is called an educaring approach. This approach responds to behaviour that is symptomatic of complex trauma. The experience of the KSVP is that it is during this educational-therapeutic work that women start to change within themselves, even if they cannot change the circumstances around them. They are able to start making better choices. This is in direct contrast with the legal system and the prison, which does not change them.

An alternative to imprisonment could be for the women to be able to access the KSVP while they are on remand and after sentencing. However, currently there is a barrier: the women are unable to communicate with legal officers and so the legal officers may suggest they plead guilty and plead for a short sentence. Hence, the courts do not hear the real and full story, the women go to court severely disadvantaged, and there is no justice. A KSVP worker noted:

One of the issues is a lot of the women don’t have a great paper story that the lawyer can access. And there are a whole lot of reasons why the women do not always engage well with services; more particularly, when in a domestic violence situation that is controlling, they may have been prevented from engaging with the services.

Some of the services are not reaching those most in need and this has serious implications for the woman if she offends and ends up in court. A KSVP worker said:

For example, one woman wasn’t allowed to buy clothes for herself, so she was always in rags and filthy. Eventually, he took away her underwear and bra, and she wasn’t allowed to spend money on her hair, or wash, so she always felt shamed. It took her a long time to tell us this because of such shame. This prevented her from accessing services because of shame. The services would not take her seriously. They judged her. They would see her as a dirty, filthy woman. ... So, when the lawyer looks at the file, she ... has no paperwork, the lawyer does not understand that the woman has not been able to access services because she was so controlled. But when we did the Loss History Map, we began to understand what had happened to her, why she was like she was.

In the stakeholder workshop, one lawyer spoke about a communication gap that has a negative impact on her clients:

Sometimes additional information to support bail is often not forthcoming ... if the woman doesn’t make a statement, services do not provide additional information [to lawyers] and hence there is a problem with communication and how we represent them in court.

This is sensitive work, because the women can be so ashamed. Drawing out shameful experiences requires gentle, deep attention and listening for the stories to be fully told and understood. The legal court process is a traumatising experience more often than not:

Another woman got completely off because she had repeatedly called the police to implement the DVOs she had taken out the first time she was beaten; she had been taken to hospital so many times from injuries, so there were extensive police and hospital records. The lawyer

subpoenaed all the records. The case was thrown out of court because she was clearly acting in self-defence over a long period of time. It educated the magistrate as well. We knew that, from doing the Loss History Map with her, and we were able to show the history through the police records, for the lawyer to use in her defence. The lawyer wanted a psychological assessment, but KSVP had done the Loss History Map and knew it was important to look at the police records instead. They showed the woman had done everything she could to help herself.

One woman said:

The male judge who sentenced me spoke wrong way about me. He said I was really dangerous, not a responsible person, and not a responsible person for my children. He did not listen to my history and why I did things, I wouldn't just be violent for nothing. That judge should have listened to my story and given me help in prison—given me rehab and counselling. *I am a young woman, and not a violent person until violence is done to me.* [emphasis added]

This theme is central to this work. It feeds into the communication gaps and the broken relationships of trust for the women on multiple fronts. The women deeply feel and experience these injustices. It tells the bigger story of injustice and how that must change.

Police responses sometimes deepen the trauma

One woman explained: “Taking women from home to keep them safe is a failure in our culture/system.” Another woman pointed out:

Once when my husband was drunk, he said that he was going to hang himself. I called the police to take my husband to sober-up shelter. Instead they took me to the women's refuge. I went to the hospital as I bit my tongue and it needed stitches. When I was there, I got told that my husband tried to hang himself—but he was okay. Police did not listen to me.

Some women had insight on policing practice that could be reformed:

My cousin brother hanged himself when his wife was taken away. Police should have taken him instead, as men think too much, and need to have a safe place to settle down.

Police can escalate traumatic distress and deepen the sense of injustice:

That was my first ever charge, assaulting an officer in the execution of duty, later they had tried to kill me at [town named] and tried to intimidate me at [town named]. I went to court for the charge. I was put on remand, and then found not guilty. They said ‘not guilty’. But on my record was for assaulting an officer...

In instances like these, the women receive a clear message: harm will be done to them and there will be no repercussion for the offender. As one participant described:

I was raped by two drunken men. They were older than me. The justice system let me down. I reported it, but there was no police charges, no one went to court, or was locked up.

Another participant described an incident which occurred at a friend's place when they were drinking. A man she knew from school was keen on her. She rejected him and he sexually assaulted her. The police became involved. She says he then told a false story to the police, saying the woman had cut his neck and arms. She continues to feel angry about this, as she believes the police listened to and believed him and not her. This resulted in a big fight with all families involved. She feels the legal system failed her and created more problems for her family.

Female Aboriginal police officers' deeper understanding of cultural/trauma issues

In the stakeholder workshop, an Aboriginal police officer explained:

Going back to professionals being trained in understanding trauma, I have been approached by other police officers in how to talk to Aboriginal people, especially in domestic violence situations. I experienced [a situation] where

the woman was asked her story, and the male [woman's partner] prevented her from speaking. I had to move the man to a different area so the woman could speak more freely. *The judicial system needs to be re-educated in dealing with domestic violence and trauma situations, i.e. in sentencing, bail, parole and so on.* [emphasis added]

Another woman in the stakeholder workshop noted: "It is good to see Aboriginal women as police officers, working in this area."

Correctional centres and prison guards

I felt victimised by the prison officers. We were not allowed to speak language. Some women don't understand English well. But some of us can speak five or six languages. My people are being put down any way the officers like. I was told to wear a nightie—"where's your nightie!" I have never worn a nightie in my life, didn't grow up this way. [KSVP client]

Often, the women feel victimised by prison officers: "I put my hands in my pocket to keep warm and I was told to take them out. They spoke to us like we are rubbish." Another woman said: "A new senior officer was treating me like a little baby. Growling all the time." The prisons do not seem to take into consideration what is happening in the lives of the women: "I was in grief. I lost my father. I feel guilty, I didn't listen, now I lose him."

Yet even in such situations, women display resiliency. One said, "I am writing a play script about what's happening. I am going to speak to someone—an official who will listen". Another said: "Senior officers said I was the only one to give women soup. The diet is not good. Government must listen."

When over 90 percent of the women in ASCC are Aboriginal women, injustice becomes clear. The women see how they are treated differently from the non-Aboriginal women. One of the women was clear: "The biggest barrier [in the legal system] is being Aboriginal. The majority of people in prison are Aboriginal. We need respect. Aboriginal people have to live in two worlds."

Lack of justice in the justice system

A stakeholder commented:

The women we work with sit outside of all of these groups [Integrated Response Reference Group to Family and Sexual Violence] because the main focus is on male perpetrators, so women who are labelled perpetrators sit on the outside ... their needs become marginalised. These women don't fit into anyone's line of thought. For example, New Family Violence Court is focused on men, so men's option for alternate to sentencing was Men's Behaviour Change Program, but nothing for the women offenders. It is the same in other areas: housing, work opportunities in prison because of marginalisation in the system.

Trauma is compounded within the legal system. As one of the women stated:

When I was 10–11 years of age, my younger sister was raped. The man was arrested and went to jail. That man has recently been released and is back in [community].

This woman was worried because the man came up to her in the street and asked her for a cigarette. She said she tried to stay away from him, as she feels unsafe when he is around and when she sees him. She says he frightens her. In the workshop with service providers, a discussion took place between participants about perpetrators being granted bail when they are known offenders, and women being in jail on remand when they have fought back (with a weapon). They said that the women are given longer sentences for defending themselves than the male perpetrators received for assaulting the women in the first place.

At many levels, there is a failure in communication across the diverse structures that comprise the criminal justice system: between law enforcement, lawyers representing women in court, within court procedures with magistrates and judges, and within the prison system. Such communication disconnect enables continuing marginalisation and traumatisation. Other research describes the life histories of female prisoners as characterised by high levels of victimisation, abuse, substance use disorders and complex mental health needs, including high levels of PTSD (Moloney & Moller, 2009; MacDonald,

2013; Tripodi & Pettus-Davis, 2012; Moloney, van den Bergh & Moller, 2009; Clements-Nolle et al., 2009).

Complex trauma enablers: Barriers to health, housing and support services

Barriers to women's wellbeing prior to and exiting prison include untreated mental health issues or inappropriate mental health responses; other critical health issues; lack of housing; and lack of adequate access to other support services. Women have negative feelings and thoughts that feed self-beliefs of low self-worth, blaming themselves for not being good enough. These beliefs often derive from early childhood experiences, as well as adult abuse linked to racist attitudes and behaviours towards them. These experiences impact how women feel and prevent them from accessing the services. Service reform is required to properly address the needs of the women.

Social and emotional wellbeing

In this section, the words “social and emotional wellbeing” will be used instead of “mental health”, unless specific to the interview.

A woman spoke of a distressing time in her early teens: “I was depressed. My mother was supportive and I was taken to the mental health ward at Alice Springs Hospital through the NPY Women's Council—the Nungkarris [traditional healers] helped. But in the depression, I was hearing voices telling me I was a mistake.” The family solution was to send her away to a school in Adelaide, which she experienced as a loss of close family relationships and relationship with country. She missed the social engagement of community and the emotional support she received within her family, so she left school during Year 12 and returned home to her community to work on CDEP.

Social and emotional ill-health

Another woman reported appearing before the Mental Health Tribunal in 2018, where she was identified as having PTSD, with a history of mental health issues between 2006

and 2018, and prescribed extensive medication. She was represented by a lawyer, and instructed the lawyer to provide the Tribunal with her history of mental health episodes, diagnoses, and prescribed medications. She had felt the medication was unhelpful and requested another assessment with a psychiatrist she trusted.

She had a community management order as part of her “criminal” history. She had periodic disengagement from mental health services and was sometimes non-compliant with her medications, including anti-psychotics and mood stabilisers. She had a history of self-harm and harm of others and was unable to provide informed consent when she was off her medications. She was admitted to hospital interstate and in Alice Springs with a diagnosis of drug-induced psychosis, bipolar and schizoaffective disorder, and complex PTSD. At other times she was diagnosed with depression and anxiety. Her treatment has generally been medication, with no trauma-specific programs relevant to her complex trauma diagnosis.

Another woman said she was abandoned in the hospital as a newborn. Her parents were in a violent relationship, with alcohol involved. She described a traumatic childhood—including almost being shot by her father who believed she was a “white man's child”. She says her relationship with her parents was negative. They have both passed away. By age 13, in her words, she felt “lost, unsupported”, and by 15 she was “depressed”, “overthinking” and “sniffing petrol”. At 18, she was “fighting, drinking alcohol and using drugs.” She said that in 2015 her partner, who was violent, was released from prison. He left her when he heard she was pregnant. She had a daughter who was in the care of extended family members. She said she had an alcohol dependency, some health problems, and sometimes thought of hurting herself. She identified the need to control her anger, stay away from trouble and from family members who cause trouble. Her offending history—both in the juvenile and adult courts—involved aggravated assaults, contravening DVOs, damage to property, recklessly endangering, serious harm, threats to kill and driving offences. This woman said in her life she has had a lot of grief, but she was feeling confident now, as she was getting into same-sex relationships. But she said: “they were punishing me with their medications for behaviour they thought was immoral”.

Other Australian studies undertaken with Aboriginal prison populations have found high levels of PTSD within that population. The rates of PTSD have been found to be higher among Aboriginal women than men. A study by Butler et al. (2007) in New South Wales found that within the previous 12 months, 49.2 percent of incarcerated Aboriginal women had PTSD compared with 19.5 percent of incarcerated men. A more recent Queensland-based prisons study found the prevalence of PTSD in Aboriginal women was 31.3 percent compared with 12.1 percent for Aboriginal men (Heffernan, Anderson, Dev & Kinner, 2012; Heffernan et al., 2015).

Suicidal ideation, racism, sexual assault

Many of the women expressed that at times they have thought about suicide. After the rape of her sister at two years of age, one woman said she started drinking, which became part of her social life. She said she wanted to suicide because she felt guilty for not looking after her sister. She said: “I thought about it a lot.” She was sent away to her father’s country [name of community given] for a while, perhaps to get her away from her friends, whom she had started heavily drinking with after dropping out of school. She had an incident where health professionals, police officers and prison wardens manhandled her—“choked me into submission”.

Another woman reported that when she requested her counselling records from 2009, the health professional was dismissive, “laughing and giggling”. Somehow, she was transferred back to a “lunatic psychiatrist” after being under the care of a trusted health professional. She reported that she was not the only client who feels wronged by the system, and this added to feelings of being persecuted for unknown reasons. Being left alone to think through issues without a counsellor or trusted person added to her feelings of powerlessness and distress. She said she felt even more suicidal, and believed it was because she is black that she was treated in the way she was. While she has been diagnosed with PTSD, she believed she had PTSD due to “ill-policies” and procedures practiced by mental health staff and police throughout her life. “I believe I also suffer trauma from the fact our country was invaded and my people were murdered on a day to day basis [this may be a reference to the last recorded massacre of Aboriginal people in the Northern Territory] ...

and it continues today in the way we are treated”. She has received no specific treatment for the PTSD.

The same woman said a trusted health professional had reviewed her medication dose, and after her dosage was reduced she had experienced a “remarkable” improvement in her health. She said she would like counselling and therapies suitable for her conditions, and says while she does not have a current diagnosis of PTSD, when she talks about history, this allows “psych teams to wrongly record that I have a persecutory complex”. She continued: “I find it highly offensive that on the occasions that I have opened up about how I feel I am punished by the prescription of psychotropic drugs and given misdiagnosis.” She said finally:

I convinced a health professional to refer me as a mental health patient, to receive counselling. The health professional reluctantly agreed. I am not aware of any counselling services available in remote communities.

Placed on a Community Management Order as part of her *criminal* history, her disengagement with mental health services and non-compliance with medications (anti-psychotics and mood stabilisers), evidence was given that without medication she would continue to be a risk to herself and others. It was also tabled that she had suicidal ideation, but it was stated thoughts of suicide only occur when she is on medication. She has been assessed by different psychiatrists and given different diagnoses. In the research interview, she said that when she was 18, a man tried to rape her. She named him as a health professional. She sought to engage with the Mental Health Tribunal, but when she told the Tribunal that the health professional tried to rape her, no investigation or action was taken. This is troubling testimony by this woman.

Another woman said she has panic attacks, and feels judged and blamed for wrongdoing:

But it wasn’t me. I have panic attacks due to pressure. I was blamed by people in [town named] for the death of someone who had a heart attack. I don’t want to live in [town named]. I want to move to Alice Springs to start a new life. Kungas can help me find a house, get support through Centrelink. I have family and friends in Alice Springs and they will help. I would like to know what other services can help me.

Hence, women are looking to change the circumstances that are creating problems for them, and they are turning to the KSVP program for support. Many of the women have complex health issues, as well as histories of social and emotional ill-health. They are generally not receiving diagnoses that would help in better service provision. In prison, there is no guarantee the women will receive appropriate mental health services. They are more likely to be given medication, and not receive services relevant to a complex trauma diagnosis.

Housing shortages mean a woman could wait for 10 years

The women revealed that when living areas become unsafe, it can cause them to offend:

My father's partner would come around to grandparents' place when she was drunk and be really abusive. She would try to take away my younger siblings, who grandparents were looking after. She would harass my grandparents. One night, she came around when everyone was asleep. I went out and told her to be quiet and go away. She wouldn't, so I hit her with a rock. That is why I went to prison [on remand] for three months. I was released on parole once I went to court.

This was her first prison experience, and in this instance, she was trying to reduce the stress on her grandparents in their unsafe, overcrowded housing. One KSVP worker explained:

Some women don't have housing when they get out, so they have to face overcrowding. There's a five- to seven-year waitlist for housing, hostels are expensive, or are booked out. Their only options are to go out bush or live off family, going from house to house. There, people may be drinking. The risk factors are high. They are more likely to reoffend and many won't get bail because they don't have an appropriate house to go to. ... Women who want to make a go and if they can be set up with housing straight away, they go okay. If they can't get housing, it becomes a problem. Often, they will have to stay with people who may be drinking, or the house might already be overcrowded and that becomes a struggle to stay focused on recovery.

Another KSVP worker said: "When they leave prison, there is no housing for them, and so they were house surfing." One of the stakeholders also commented on the housing problem:

Even in a crisis, women needing housing are just put on a waiting list. There is a housing shortage and waiting could mean 10 years. For crisis housing there needs to be better communication between services to address wait times, housing for DV. There does not seem to be a priority list nor transparency for how people get allocated housing.

Lack of access to women's shelter services and residential rehabilitation

One KSVP worker observed:

She may have a women's shelter where she lives, but the girl, she was under the age of 18 at the time. A women's shelter does not take girls under the age of 18, so they may have got stitched up at the hospital after being bashed up, but then if they have tried to get protection at the women's shelter they have been turned away. There seems to be a gap in the services, it's not good enough for the women's service to say "go to the hospital". She's just come from the hospital ... in Aboriginal culture, at 14 she may have been through ceremony, what was "needed" to become woman. Many of the women in the Kungas program have had their first baby by the time they were 14 or 15.

KSVP workers noted that the women have a lack of impulse control, which affects their access to services and has long-term impacts on themselves and their children:

One woman has run away from rehab twice, then given another chance, went again to [town named]. There is no sense of delay[ed] gratification. She couldn't stay for a few more weeks to get her kids back. My question is, is her lack of impulse control trauma related?

It was observed that support staff also need trauma-specific training in the work they are doing with the women. Trauma-specific knowledge allows workers to understand and be able to respond to trauma-related behaviours.

The women's choices make sense when the reasoning behind their choices is explained. However, decisions by organisations are experienced as ill-informed and unjust, as one woman explains:

I made a choice to stay at the shelter one night to avoid argument with my husband—I needed space and didn't want police involved. When I asked to work again at the safe house, the boss from Darwin said I couldn't work there as I was a client. I was not a client there at this time, so it should not affect my employment! I am a local woman and know about domestic violence and how it affects children, and I want to help. I feel discriminated against.

In fact, this woman's decision to find shelter before the argument could become violent was commendable. Her background and experience would have been of real value to the shelter and for the other Aboriginal woman who were seeking help.

Is prison a safe place?

A KSVP worker observed that:

For some women, jail is the only known safe place—either from others or others from themselves. There are courses in prison the women can do, and many do access those courses. Some of the women in prison are tutoring other ladies in Maths and English.

One of the women also made a similar comment:

I felt safe in prison. I have forgotten life outside. I have lost memories. I felt sad and shame. I made a choice that family were not to visit until nearly time for leaving. I got eight years, with five years non-parole.

During her time in prison, this woman had time to reflect on, feel shame for, and contemplate the actions and consequences that took her to prison. However, for the larger percentage of the women, the change in their lives could occur outside of prison if relevant programs were made available to them. The damage that has been done by remand and sentencing is substantial and expensive. Alternative, culturally informed, trauma-specific healing programs could be delivered outside a prison environment.

Gaps in services before and when women are released from prison

One of the impacts of trauma can be learned helplessness, which is the belief that the person is unable to alter outcomes despite taking action to do so. They have tried and tried. They give up. The brain's reaction to traumatic stress is flight, fight or freeze. Often, the women have moved through flight and fight, which has not worked. They are in freeze, unable to believe they can help themselves, feeling helpless to change their circumstances. A KSVP worker explained:

Some women like the structure of prison. When they come out, there is no structure, no meaning, no permanent bed, no showers, dirty clothes, having to find food. A lot of clients do come to us for everything: housing, family problems, health, someone to talk to; one day they may be motivated, and next they are not. Maybe there is stuff going on at home. Their drive is just not there.

Workers become the “one-stop shop” for women, without always being able to access the variety of services within other organisations in Alice Springs and elsewhere in the Northern Territory.

Children of the women in prison often go to other family members. On many occasions, they go into foster care. As a KSVP support worker pointed out:

The FACS [Family and Children's Services] case worker put the woman in CAAAPU [residential rehab], and the child into foster care, as the partner was also in jail. It appeared that the FACS case worker did not know that the woman was a client of ours, and therefore we were not told what happened. We had to ring around until we found her. We experience a number of cases where a woman in our program has become disconnected from her children. This is because prior to being our client, they've been in jail and others are looking after their children. ... It is sad.

The women want clear information about what is happening to their children. One woman said:

I don't feel I was told properly my son was going to be taken away for a long time. I thought it was only for two

weeks. They didn't say how long, nor did they say how I could get him back.

Little is known of the experiences of mothers in prison, and specifically incarcerated Aboriginal mothers in Central Australia. Findings from a study undertaken by Sherwood and Kendall (2013) raised concerns about the impact of incarceration of Aboriginal mothers on their children, family and broader community. The same study focused on the Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) project, which is currently implemented in Western Australia and New South Wales. It aims to understand the social and emotional wellbeing and resilience of Aboriginal mothers, identifying culturally safe models of healthcare needs in custody and for transitioning back into the community (Sherwood & Kendall, 2013).

A stakeholder explained:

If women need assistance [due to violence], there are no real services out there other than the police. There's a woman's shelter [safe house] in Yuendumu that women who live there can access. We then try and hook them into programs, like childcare. The only real support is the police. One example was the need to get a woman out and away from the situation. We managed to get her on the bus to Darwin. She ended up with the wrong crowd, misusing drugs and committed crimes to support her habit. She's now in jail up in Darwin. We still stay in contact. The woman says she wants to get off the drugs, go to a proper rehabilitation facility. She says her lawyer does not understand that she wants a residential program, not just to turn up for appointments. It is difficult for women with no resources to be able to make their appointments.

A recurring discussion with KSVP workers was the extreme difficulty the women have in meeting court-mandated reporting requirements. They have no transport, are often moving from one crisis to the next, and are often homeless, as they try to survive while also trying to meet their mandated reporting requirements.

One of the KSVP workers at the stakeholders meeting talked about the gaps in services:

In Central Australia, there are a lot of services, so you would not think there would be any gaps, but I know there are big gaps. One gap is people coming out of prison and going to Centrelink with no support. For example, how do they fill out questionnaires to determine which level of employment agency need/support they go into? They don't know the system and so don't understand what the questionnaire is asking of them, and what consequences it will have. This can become a massive gap because they don't end up receiving the funding to get a license, for example, and end up on another charge of driving without a license.

Nor are the services coordinated in their response to the needs of the women. There is a perception that services are only interested in protecting their own "turf". Whether or not that is true is a problem in itself. Many of those who attended the stakeholder workshop said they had never come together like this before and it had been a valuable time together.

Alcohol and drug treatment services are not trauma-informed and are not familiar with the latest drugs in use

Trauma triggers addictive behaviours, and substance use is often a way of coping in the absence of adequate support systems. Stories from the women and the stakeholders regularly mentioned ongoing problems with alcohol and other substances. Stakeholders told the researchers that the service and policy responses to this ongoing problem were insufficient. They also reported that treatment programs had a focus on alcohol as if this was the only drug being used. Staff often did not know the street names of the other drugs now being used.

One stakeholder said:

Where do we hear what is going on [regarding alcohol and other drugs]? There are new drugs coming in. Alcohol was considered to be the big problem. Then we heard about petrol sniffing in young people; ganga [marijuana] but now there are other drugs ... it's on the ground we hear about them.

One stakeholder explained:

K2 [synthetic cannabis], it makes your head explode, you feel angry, people do things they would not normally do. ... I don't know if the AOD [alcohol and other drugs] services are working to respond to those drugs. I do know they are not working with unpacking the trauma story which drives the use of drugs.

Women who previously did not drink started to drink to cope with the pressure and pain of the violence they were experiencing. One of the KSVP workers explained of a certain woman:

She was a non-drinker. She started to drink because of what was happening to her [husband beating her]. She asked for police help. She took out DVOs, and she moved, but he followed her. She has children to him. She is taken to the hospital by the police for her injuries over and over again, but she would not stay in the hospital after being treated. No one asked why she would not stay. Police and hospital became judgmental. She was frightened for her children. Then the police records started to record her as a nuisance caller. He is jealous, but he's jealous of her for what he's been doing. He was running round with other women. The police write up in one report that he was 'emotionally distressed' at her behaviour. Never once do the police list her emotional distress at his beating her up. He's stripped her naked in public and beat her. And then she picks up a pole and hits him and while she is really pleased she fought back, she is charged and held on remand in prison. The second time she got into strife he hit her so hard she fell against the night patrol car door, and they had to get it fixed. He never got charged. She ended up on remand again, and she was terrified for the welfare and safety of her children. She said he would use them to get grog, and the "house is always full of male drinkers". Police records said he had full custody of kids, which was untrue. When she went to court, she was given a shorter sentence because in looking at the police records on him, it showed he had breached DVOs over and over again. But now he has the girls.

Another problem was identified by a stakeholder:

There is a perception in Alice Springs and Tennant Creek that banning grog will solve the problems, so they

have police sitting outside the grog shops ... stopping, searching Aboriginal people trying to buy grog. Why are they not picking up the white man in his white Hilux who sits outside Coles, waiting for a woman who is clearly distressed, gets her into his car on the promise of grog and when he is finished with her, sexually finished with her, she is truly hurt. I have had conversations with police in this town about that and they say they know about him. Well then, why aren't they doing something about him?

Funding for continuity of services

One of the stakeholders identified the following issue with funding:

Funding for our organisation is always a problem. There is never enough, and we are always looking for money. We need to gain more funding to cover the number of women we assist. We have to collect the stats to justify our funding.

Collecting statistics to apply for increased funding takes time away from the day-to-day work of supporting the women. As one stakeholder commented:

In Yuendumu, there is a need for more senior case workers. And we need more training. Territory Families currently employs a coordinator who works with four case workers in the safe house. Ntaria and Ti Tree are similar. They have dongas [dismountable buildings] that are fenced for safety. Papunya is not functioning. The safe houses are only short term—few days a week. Women want to use them as a place to get away, have time out, but they can't do this. We are thinking of changing it to a Women's Place, so it also serves this purpose.

A stakeholder went on to mention that within Yuendumu, Territory Families (NT Government) provides the Family and Women's Shelter and the Warlpiri Youth Development Aboriginal Corporation provides services for women, which link with other services such as Centrelink. The workshop participant undertakes case management with women within the community setting and this has proved to be an important role in building relationships with social service providers. The stakeholder said:

The Family Safety Framework works well in remote areas, because they have officers out there. Everyone works together. There is a sense of comradery. In the urban area, it appears to be disjointed. It could be because of higher density of population needs and pressures, or it just doesn't function well because relationships have not been built.

This is something that should be considered in the urban areas, because too often the problems of the remote areas are transferred to urban centres, which are struggling with resources and undertrained staff. Another stakeholder described the funding issues in Central Australia:

Funding is short term in Central Australia, or limited, which makes it really hard for programs. For example, as a male I was always aware that it was inappropriate for me to see the women. Other programs in our organisation make a priority to have a male or female worker; however, post-release programs are only funded for one worker. We don't have a choice. I am not sure if it is always culturally appropriate for me, as a male, to work with the women.

Kunga Stopping Violence Program: Justice in healing

My story never changed. What did change is I had someone to listen to me. That in itself was a little bit of justice. I know that it's not the justice system, but in my consciousness it was that little bit of justice. [KSVP client]

The theory, methods and tools used in the development and delivery of the four-week course were based on a number of assumptions. The first assumption was that if the way of life of a people has been attacked and infected by colonising impacts, then rebuilding pride in self and culture would be a vital requirement of the educational approach. The second assumption was that because Aboriginal cultures are communal, the group process would need to build on a communal, shared learning approach. The life stories of the women would provide the vital learning-teaching components. However, a curriculum was necessary for ASCC approval. The third assumption was that a trauma-recovery theory evolving out of Aboriginal healing processes of educaring—located

within an Indigenous critical pedagogy which generates critical conversations, self-reflection and mindfulness—would have best results. The final assumption was that stories, art and poems would be important tools for sharing deeper insight and learning together in reflective discussion.

Three separate but interlinking modules for delivery were developed within an overall trauma-informed approach: the Circle of Wellbeing; Anger, Violence, Boundaries, Safety; and Loss and Grief. Being circular, the course returned to the Circle of Wellbeing to finish. An assessment report for the prison, compiled with each woman, would complete the course.

The Circle of Wellbeing was a vital first step in the first days of the course to create a felt sense of safety for the women within the prison educational environment, while also grounding the work in deep cultural processes. The women were told that when they left the general section of the prison each morning to attend the education space, they would be creating their own learning environment. To open the day, the researchers used *Dadirri* by Miriam-Rose Ungunmerr-Baumann (1993) as an opening reflective meditative practice. The intent was not just to create feelings of safety in individuals within the group, but also to open an awareness of listening to others, and being listened to, as a process of ceremonial cultural healing. Each morning, the women were invited to contribute with a word or sentence to reflect how they were feeling. In the beginning, the standard word was “good”, which was what they believed they were expected to say. Some of the women were so shy they could not lift their heads, speaking in whispers. They moved through the eight points of the Circle of Wellbeing: spirituality, environment (land–spirit), relationships, emotions, physical body, sexuality, stress (culture in family wellbeing), life-purpose (identity). While these were non-threatening conversations supported by scrapbooking, art and music, the women quietly reflected on deep inner hurt; for example, on issues around relationships, sexuality and the loss of their children. The group could then move safely into the next section.

Anger, Violence, Boundaries, Safety was based on conversations around the issues of anger and violence, with the following specific learning modules:

- anger, violence, boundaries, safety (definitions)
- feelings—how we communicate
- anger triggers—the anger cycle, authentic anger, unauthentic anger
- parenting, being parented, parenting our children
- understanding the evolution of anger from childhood
- changing the game, parenting our children, parents as teachers
- hot violence (including rage), cold violence, assertiveness
- managing anger, breaking the cycle, alcohol and other drugs, gambling and jealousy
- how violence affects children, families, communities
- cultural rules for safe expression of anger
- being assertive
- body scan, relaxation, mindfulness
- resilience behaviour, because a child living with distressed family behaviour can learn enabling adult behaviour, which deepens trauma.

The women cut coloured cardboard to create “the violence non-violence tree” which was placed on the wall and added to during each session: roots as cause of violence; the trunk as contributing factors; branches as outcomes; and leaves as feelings. This tree stayed on the wall for the full four weeks of each course delivery and was added to by the women as they had insight. By course four, the tree changed to the “feeling healing tree”, with flowers as healing intentions. This was at the suggestion and design of the women as they came to know and name feelings.

During this work, the researchers noticed that the women had insight into what had contributed to being incarcerated, accompanied with a voiced sense of powerlessness, moving to feeling more empowered to change. The deeper teaching started when they felt safe enough to share their own stories with each other or to enter into the group conversations. When Lewis Mehl-Madrona (2005) wrote: “Stories contain and convey the meanings and values of our lives ... giving us our cultural identity ... we are our stories” (pp. 8–9), he was writing about simplicity and complexity. The women’s stories were told with such simplicity; however, in discussion,

the women began to unpack the complexity of their lived experiences. Their individual stories interlinked with their collective narratives. They were both. Working with stories is meaning making—transformative, political, healing action.

There was an awareness of the injustice the women faced, accompanied with a belief that it would be very hard to change their circumstances. However, they wanted to try. The term “stopping violence” was used because many of those who come into the program have committed an act of violence under Australian law, generally on someone who has harmed them, often under the influence of alcohol. However, “we circle into truth through stories” (Lederach, 2005, p. 18). Their stories, blended with discussion about the fact that domestic or family violence is a major risk factor for death or serious injury for Aboriginal women in Central Australia, gave them courage. Often, however, the reason for the women’s incarceration was because they have been trying to get away from violence (driving without a licence) or fighting back (to protect themselves).

Loss Grief Trauma focused on loss and grief through the development of Loss History Maps. It was important not to assume that every woman had experienced trauma. This activity was completed one-on-one with a worker supporting each woman, in deep reflection as they mapped their own life stories and continuing as they painted after the session. The women worked on butcher’s paper, naming dominant memories of good experiences and not good experiences on a timeline from birth to the day they constructed the map. Many of their experiences were clearly traumatic. After the first course delivery, “loss history” was redefined as “loss trauma history”. The supportive discussion (yarning) was informal and gentle, as the women chose to disclose and explore painful experiences.

The major themes that arose from the women’s stories were their childhood experiences of witnessing domestic, family and community violence, of feeling unsafe and of racist bullying at school; and their experiences as young women, enduring sexual assault, moving into racist violence on streets, and domestic violence in their early adult lives. These Aboriginal women were unsafe in their homes and on Australian streets.

For example, in the anger violence boundaries safety module, when defining forms of violence, one of the women said “his words gave me a bad anger”, and this was carried into deep ongoing discussions. Words hurt. What is a “bad anger” when so many of them in a disassociated state have no memory of feeling rage, nor of the actions that resulted? Hot violence, cold violence and assertiveness were explored through play-back theatre, with the women expressing themselves through body movement. In the afternoon, the women painted and listened to music. There were always one or two women with FASD or an ABI in attendance, and they became the session’s disc jockeys, accessing music relevant to the discussions for the day. Music allowed feelings and deep inner reflection.

The KSVP workers took this time to sit with the women, exploring their loss trauma history, learning about them, from them, and then sitting beside them as they painted, entering gentle conversations while they built relationships. In supporting the women to map their life stories from birth to the day they made the map, the KSVP workers saw clearly the need to talk about and bring understanding into discussions around violence-trauma, experiences the women may have had as children and the painful shameful experiences they have had as women.

These became rich, deep, educational discussions, which resulted in the women teaching each other in their conversations, exploring together new insights, and wanting to know more and read more. They all received a workbook which included all the educational materials covered in the program. While the lessons were in English, it was each woman’s third or fourth language. The women were discouraged by some guards at the prison to speak in their own language elsewhere in the prison. However, in the “classroom”, the women were encouraged to talk with each other across their language proficiency, as they made sense of what they were coming to understand. They grappled with looking more deeply at the behaviours that contributed to their incarceration, which, as Atkinson (in press) has described, encourages allowing painful and shameful feelings to move to hope.

The KSVP program as a residential sentencing option run outside of prison

The KSVP is an example of the kind of program the courts could use as a diversionary option while the women are on remand and after sentencing. Magistrates themselves have been asking for information of such programs as remand/sentencing options. On entering the KSVP program, one of the women observed:

I worked out what I should be talking about and what I shouldn’t be talking about. I was just feeling but when I started talking, I had to come from the logics side of things and put two and two together logically, so it was good ... they kept listening to me. They didn’t stonewall me, they were understanding me. It was almost as though they were believing me, for the first time ... I was being believed for the first time!

Another woman spoke to the relief of being heard: “I have been hiding the stories for too long. They wanted to get out, I wanted to have good thoughts in my head.” A third woman said:

Kungas helped me dream again. I completed Year 12, did a part of a Bachelor of Arts at Deakin University, and Community Management at Curtin University. I have aspirations. I want to finish them. The world is a big place and I can dream again that I can be part of it.

KSVP staff stories

One of the KSVP case workers said, “We are witness to the women’s life and can see changes, even when other service providers may not be able to see it because they are not so intimately involved”. The worker knows that there is no magic sudden change, but incremental relationships-based processes have helped the women find justice and safety when it has not been their previous experience.

KSVP staff all see the benefits of working with the legal system:

We become advocates within the legal system, for the women, sit with them and their lawyers, we can promote the stories as we know them well. The lawyers who have worked with us appreciate what we bring and end

up referring to us. Together, we have had success for the women.

As stated above, the KSVP workers understand there is no magic wand, no instant change, but a day-to-day, week-to-week change process, which needs support. As one KSVP staff member stated, “If the women stuff up on a day, we are always there to help restart, have another go. We help them find a different way if it did not work the other way.”

Multiple losses and complex grief

The women’s lives are layered with loss and accompanying unresolved grief. As discussed earlier, a deep sense of grief was triggered in one participant when her grandmother passed on, followed shortly after by her mother. Experienced at an early age, these were significant losses in her life. Her drinking got worse after her grandmother died. The violence with her partner also worsened. The KSVP uses the Loss History Maps with the women in the prison to help them understand and begin to heal from their multiple losses and complex grief as well as the complex trauma of their lives.

Other agencies involved to support KSVP clients

During the workshop, one of the KSVP staff explained:

We work with some agencies, particularly about child protection—Catholic Care, Alice Springs Women’s Shelter outreach. Building relationships with individual workers at different organisations really helps in providing more support for the women.

The Sexual Assault Referral Centre (SARC) provides counselling support for the women who previously felt unable to speak about what they considered shameful experiences. There is also structured discussion on such matters in the KSVP course (see Education and therapy below). Some of the women became energised to take messages promoting protective behaviours for children back into their communities on their release from prison.

Occupational health and safety: Vicarious trauma is real for workers

One stakeholder observed that vicarious trauma is a real concern for staff working alongside incarcerated Aboriginal women in Central Australia:

People who are working at the coalface, their organisations need to know it is hard work and vicarious trauma is real. It is an occupational health and safety issue for the workforce, and a risk management issue for the organisation. As organisations build a trauma-responsive workforce they need to build support for their workers, because quite often they are the first ones hearing the stories.

Violence-trauma is an outcome of experiences from abuses that are reenacted as power and control. Violence-trauma is evident within traumatised populations, whether they are victims of war or survivors of other forms of forced occupation, such as colonisation. Trauma training and skills development should be included for all professionals (including health workers, psychologists, social workers, legal staff, police and educational professionals) who are dealing with traumatised populations, including Aboriginal women and men in prison, and children in juvenile detention centres.

The KSVP workers in particular told the researchers that they see so much injustice. They worry for the women as they have clear insight into the serious issues these women face:

We are worried at the moment for a young girl. When she turns 18, she will receive a large payment as compensation for her father’s death. Everyone will want a share. This will not be good for the young girl. The government does not consider paying in smaller amounts or like a wage, so the large amount comes all at once and she will be pressured and bullied to give money to those who demand it.

The trauma is so great, one KSVP worker noted:

Most of the clients we work with are victims before they have offended, but they are both victims and perpetrators on their husbands and family members, a lot of family violence as well. Family Safety Framework is a good one where they get help with domestic violence and family violence. It is about us taking them to services, helping

build their trust with other workers. ... [Talked about one client who only started drinking at the age of 39], because husband was drinking behind closed doors, husband was respected and had status in community, very respected in community but abusive to his wife. She got convicted of fighting with hubby, the husband has also been to prison a lot. She killed someone in a car accident and so spent time in prison, but she was being abused while having the car accident. She has a warrant out for her arrest... she drinks now to take her pain away and not think about her abuse.

This woman's caseworker said that because of the trauma she has decided not to participate in the programs and is not engaged in KSVP anymore. The women who cannot cope will talk about getting back on the grog. This is an indication they will struggle, say they will never drink again, and then end up drinking, breaching their parole and reoffend. Vicariously experiencing these cycles of abuse and despair that spiral out of trauma affects the staff who work closely with the women and their families.

Self-care is an important requirement for the KSVP staff. They cannot care for others if they are not caring for themselves.

Systemic failure enables and compounds complex trauma

The lack of complex trauma diagnosis and the absence of a whole-of-systems approach to the needs of the women enables further trauma to emerge and compound in diverse ways across generations. This was highlighted in the stakeholder interviews:

If I was a clinician making diagnosis, I would say 95 percent of women we see have complex trauma. Their histories and symptoms are clear. My question is: where are the services?

Those services that were there, were not meeting the crisis the women are facing. They are unable to protect them.

The problem with client possessiveness remains, where an agency believes they are the only ones that can work with a client, and not partner with others, for [...] overall service improvement. We have to work together.

The client file audits added an overview of what is happening to the women as a collective. The files point to the systemic failure that continues to enable and compound the women's complex trauma. Appendix B, "Number of women engaged in each service", illustrates the services accessed by the women after release from prison or while in prison (for those on longer sentences). Very few women were not accessing services. One woman was accessing up to 13 different services. However, it is clear the services struggle to meet the complex needs of the women; this is another reason why services must work together, particularly in the delivery of culturally informed, trauma-specific services.

The most frequently accessed service category is alcohol rehabilitation programs. These are often mandated as part of a woman's post-release conditions through community corrections, from the courts or from child protection agencies. The next most frequently accessed service category is health services. This is followed by family violence and sexual assault services, accommodation services, and emergency relief. The service categories least accessed are employment services, education and family support services.

This brief look at service access indicates a cohort of women who are financially stressed and lacking stable and safe accommodation, dealing with addictions to alcohol or using other drugs, frequently negotiating family violence, and who have high physical and mental health needs. For many of the women, time away in prison and residential rehabilitation has not changed the difficult circumstances they faced prior to incarceration and will face leaving prison. Lack of ongoing stability in their life results in the women constantly dealing with immediate crisis needs. This leaves them with very little time and energy to devote to longer-term strategies to heal and to move out of cycles of abuse and poverty.

Continuity and coordination of care required to ensure women's safety needs

There is a critical need for the coordination of services—perhaps even a “one-stop shop”—whereby those employed to work with the women start to talk with each other to ensure safety is the first principle. A KSVP staff member said:

There was a woman who had broken her ankle and was flown to Alice Springs Hospital from her community for medical treatment. She was told she had to stay in Alice for appointments. She got raped. She could not run away. ... What also makes women unsafe is when we have bus services that don't pick women up to take them back to their community in a reasonable time after release from prison.

While the above account is complex, it shows at many levels the failure of the system as a whole. It is unable to respond to the needs of the most vulnerable of Aboriginal women. When the KSVP staff and stakeholders talk about systemic failure, they are speaking from experience, as they work with and listen to the women:

The women have very little sense, from experience, that the services they could access would meet their needs, nor do they have a sense of how to make them change.

One of the problems is there is no continuity of service delivery. People come and go [from the eastern states]. They don't know the problems when they come in and leave after a few years because it is all too hard. If we focused on skilling up a local workforce, we also might get continuity of services designed to meet specific needs.

Stakeholders also discussed place-based service models that could be built on; as one stakeholder told the researchers:

In one case, they have now changed their service delivery to reflect the need to bring services together. This model, in one community, two years in, it looks like changes have occurred.

Further research is needed to identify these models and how they could work in the main communities the KSVP clients come from and return to.

Health services—undiagnosed permanent disability, including complex trauma

One stakeholder made an important observation about the extent of disability among the women they were working with:

In all the time I was there I would say 20 percent of the women had FASD, or an acquired brain injury from the repeated beatings. I was told because she is so brain-damaged she can't give evidence against him and so therefore, police say they can't charge him. Now why does a woman have to give evidence when there is evidence from hospital, medical services, and other services that he has severely beaten her repeatedly so that she has an acquired brain injury from his beatings? ... All the women I worked with in KSVP had experienced high levels of violence on them before they committed a crime.

Health services must interact with other services to ensure that violence against women and their children receives real attention. There is a failure of the system when only half a story is told. In the case of the woman with ABI, her children saw the beating. She knew she was brain-damaged, but just accepted it. Are the aged care services able to look after women with ABI in their care?

Domestic violence services need revision to reflect the situation in the Northern Territory

The following comments by stakeholders are self-explanatory in calling for systems reform:

Aboriginal people need to speak with people they trust. When a professional white person speaks to an Aboriginal person, the Aboriginal person may not understand everything that the professional is saying, and the professional can misunderstand things as well. ... What are the longer-term plans for the women in DV situations? For instance, when women leave the women's shelter where do they go? ... When a man has been violent on her, it can also be unsafe for other members of her family because her ex-partner may also make threats to family members, when he sees them around town. One woman reported that her daughter's only solution was to leave town and take her children with her. She said there is now a loss of connection with her daughter and grandchildren, even

though they talk on the phone, or visit where she is, it is not the same as living in the same town. The situation is not only affecting her daughter but her extended family as well. ... There is real economic and social hardship for the town camp women in leaving DV situations where women pay rent for their home and then when they have to leave they pay rent for another place.

In the town camps, there were social family systems that supported the woman informally. A woman can feel very lonely and unsupported if she is forced to move away from family and community support when she is leaving domestic and family violence:

It is financially burdensome to get out of a situation, the system is slow to catch up. ... Also, when a woman does ask for help, services bombard her all at once. ... A coordinated approach could mean offering services and giving her the option to think and prepare. ... There is the need for a safe place for people that includes clinical support. Not just for women, but for children and men too.

No clear solutions came from the conversations in the workshop or with the women. Further research is needed to identify the best supports for these women—including financial support, better service coordination, safe places to seek refuge and clinical support for all family members.

Economic hardship is its own form of prison

It almost seems to be the case that the system is working against the women, not with them, as is demonstrated by the following quotes from stakeholders:

For instance, if a woman is fleeing a DV situation, she goes to a women's shelter. She has to pay for her lodgings, a Bush Bus fare if she has to leave town, and she may be paying rent back at her house. Sometimes it is just too hard to leave.

Women are punished because they are the ones who have to leave the house and find somewhere else.

Women end up breaking parole if their family is living in another state and they want to go and see them.

For some women, their whole life is going from one appointment to another. They don't have a vehicle and they are unsafe.

The violence–trauma cycle can lock women into situations where they see no way out.

Education as therapy—programs that could work outside of a prison

The educational package delivered through the KSVP could be delivered outside of prison.

“Loss Grief Trauma—Anger Violence Boundaries Safety—Recreating the Circle of Wellbeing” has been delivered by the KSVP since 2015 and has been run eight times at the ASCC, with an intake of 10 women each time. Over that period, the KSVP workers have learnt many things, particularly in the documentation of the complex trauma that is evident in the women's life stories. The women not only review their life stories and those experiences that may have contributed to their being held on remand, but they also have formal lessons to create understanding of the differences and relationships between the doing, feeling and thinking brain: experiencing versus reaction; making choices how to respond or react; the impact of violence on children in the growing years; and their own life stories which clearly show their journey into prison. Some of the women could be trained to run such a program in their communities, in partnership with the KSVP, after they have undertaken a residential program. Indeed, a number of the women expressed interest in running the program in their community.

The following stakeholder contribution points out a current program that could also be built on outside the prison walls.

The Elders Visitors Program at the prison is good. It should be built on. The young women respond to those Elders; they hang around when they come, wanting to be near them, they want the blessing of the Elders. You could see she [young KSVP client] got emotional support from them, but in her own way she was asking for forgiveness. ... When the Elders came in, she [young KSVP client] would watch out for them. They would gently touch her,

reassure her, showing that they cared for and loved her. She was always settled after that.

Loss History Maps

A KSVP facilitator explained the central importance of the use of Loss History Maps:

When a woman does her Loss History Map, she might leave an area blank. That is the area she really needs to look at, but it is painful. I might put my hand over that space and say it is okay not to want to talk about it, *but* that might be where all your pain is ... and when she does open up, that is exactly it, and we can then do the deeper trauma healing work. Shame is such a big factor in the lives of the women. Working to show that they are loved and respected as women is important. No judgement. This is deep therapy built into an educational program. It works. While loss and grief [are] major issue[s], many of the women are removed from being able to feel—to be able to name feelings. Nonetheless, they are embodied with shame, with anger as the default feeling when the shame becomes overwhelming. ... They can't name feelings. Feelings are not talked about, so when we do talk about feelings, they feel vulnerable. ... The “violence non-violence tree” became the “feeling healing tree” as the women began to name feelings. There was less vulnerability in writing a feeling down as a leaf on the tree. The feeling healing tree was powerful. Naming feelings became important. One time I was sick for a day. When I returned to the prison the next day, all the women had worked to cover one wall with 60 different feelings words, proudly standing to talk about the feelings words they had placed on the wall, to show me that they could name feelings, even the feeling words attached to me being sick that day.

Painting as therapy

Art is not the primary activity in the KSVP course, but painting is both a meditative and a safe way to open conversations to acknowledge painful experiences. Women find resolution as they paint. Sitting beside them, in silence, and with a few words around the images in the paintings opens deeper one-on-one conversations. A KSVP facilitator recounted the following:

A woman who kept painting over her painting ... each image was beautiful, and seven times she painted over and over the images to create new images. When we asked the woman why, she said she was trying to feel and to understand her feelings. She said they were all jumbled up and flowing and she just had to keep painting to feel and express them, as she kept finding another one after another. ... Another activity we used was a joint canvas by all the women, with the theme “family violence, community healing”. A group painting is a process of learning to negotiate space together—to work together on consensus-agreed outcomes. Sitting, listening to the discussion as they designed and painted allowed us to see who were the most thoughtful, the ones who could create conversation and help design the canvas, those who could work as a team. The women have created a series of powerful, beautiful, meaningful canvases which are on display on the KSVP office. They deserve an art exhibition.

When the women sit together to discuss how they will make the canvas, stories begin to take shape. Their focus is on how change can be made to happen. A KSVP facilitator commented:

It's the stories that make sense of why things are happening that are important for us to legitimise. ... Listening is a therapeutic process. It links people into a conversation of speaking listening learning together. Empathy is healing.

Aboriginal women can be skilled up to do this work, and skills and healing—educaring—can happen at the same time. One stakeholder asserted the following:

If I had a magic wand, I would have less non-Aboriginal people running around trying to be the saviours and invest in more Aboriginal people who were skilled up to work with the women—to hold the stories, in the training workshops and do what I call ... story mapping for whole of community, becoming Communities of Care.

The women have also created a series of poems, which will be published in a book. A KSVP staff member explained how the women create the poems and what this means to them:

The “I am” poem is so powerful. We give the women a series of words; for example, if you were bird, a flower, a tree, a colour, and they write them down. It is interesting—all

the women wrote their words down in English. Then we ask them to make some sentences from some of the words they have written down. Once they have done that, we tell them to put “I am” in front of their sentences. It becomes a poem. They share their “I am” poems with each other. The women with FASD or ABI may need some help, but generally the women do their own poems. Of all the “I am” poems I have heard, not one is negative. They are exquisite, beautiful, embodied in deep culture. They write of different parts of their culture—and maybe dreams of a different world: culture embedded in who they are now. Part of the activity is to have them to stand up and read their poems to the other women, feeling a sense of pride in who they are. We gave performance tips—for example, stand strong on your feet, lift your head and speak to all of the room as you read your poem. You could see pride in them. They read their “I am” poems at the graduation.

This helps them see their own strengths in the context of the barriers and struggles they have lived through. The process helps them identify that there is a failure within the service delivery systems developed and delivered to people, not a fault with them.

Documented outcomes have potential to inform and guide service delivery, and in turn improve outcomes for clients. Understanding the women’s life stories, their family stories and the past that may have influenced and contributed to the trauma that is evident in their lives today helps them to deal with problems and to heal. Their violent behaviour is a response to the multiple generational trauma of their lives. The development and delivery of the educational package creates a safe way for the women to talk about this behaviour and their feelings. It creates a safe space to express why they feel angry or react to situations in a certain way, and to gain insights into their behaviours. They start to understand the different parts of the brain that control behaviours: the doing brain (flight, fight, freeze); the feeling brain (emotions); and the thinking brain (neocortex).

The Loss History Maps are a tool used to draw out feelings attached to the women’s experiences and behaviours, through mapping memories from the earliest to the most recent. This process aids with identifying points in their lives where they have experienced traumatic events, and to respond to the trauma through the educare model. The Loss History Maps help the women to see and reflect on their life story as a whole.

Conclusion

This research report has presented preliminary findings from a pilot study with KSVP clients (“the women”) based on their stories and their experiences with services offered within the setting of Central Australia. This report has also presented observations made by stakeholders and KSVP workers in their engagement with the women.

The overall aim of the pilot study was to provide an opportunity for Aboriginal female clients of KSVP to contribute to a deepening understanding of the life events that have led to their incarceration, whether on remand or a prison sentence. This was achieved by the researchers using *Dadirri* in listening to their stories, using their words, and documenting their experiences—both in childhood and as adults. In turn, this has enhanced the researchers’ understanding of trauma as a major factor leading to their incarceration.

The thematic analysis provided a network or circle around the central concept (Attride-Stirling, 2001) of complex trauma and systemic failure as driving the hyper-incarceration of Aboriginal women. The central theme is surrounded by themes and sub-themes derived from the women’s stories, reflecting the first aim of the study.

Our analysis identified themes of resilience; barriers to health, housing and support services; policing, legal representation, courts and prisons; communication disconnect; and fractured mother–child, family and community relationships. These themes were further unpacked into sub-themes, such as holding family values while building resilience, building resilience before exploring the trauma stories, and possessing significant resilience even while encountering structural and institutional racism.

In exploring fractured mother–child, family, and community relationships as a theme, the researchers found that the women commonly experienced a lack of feeling safe when growing up, living lives of uncertainty characterised by generational fear. The women’s stories evinced that traumatic childhood memories do not just disappear—without processes of healing, they are acted out in the next generation. The women described having flashbacks and being flooded with feelings as violence is acted out on other loved ones, and of being and feeling abandoned, disconnected, and isolated within families

and communities. In the women’s stories, traumatic violence and traumatic loss are interconnected: violence from outside families impacts internal family relationships, and multiple deaths within families intensify complex loss and grief.

The analysis showed that shame creates a communication disconnect. Furthermore, language barriers contribute to the women’s inability to communicate distress, and so they have felt silenced in their shame and denial. They also told the researchers that they often felt unheard when they did try to communicate.

One of the study aims was to explore and identify necessary service reform. This would include the interventions and services support that can divert women into programs that prevent incarceration, while highlighting the need for coordinated services response needs. Under the theme of policing, legal representation, courts and prisons, a number of sub-themes emerged, including understanding how mandatory sentencing laws impact negatively on the lives of women and their children. The analysis showed that police responses often escalated traumatic distress and deepened the sense of injustice the women felt. This led to discussion about female Aboriginal police officers’ deeper understanding of cultural/trauma issues, which has the potential to bring greater justice to Aboriginal women. It is clear that those in the judicial system need to be re-educated in dealing with family violence and trauma situations—that is, in sentencing, bail and parole. Some of the women felt they had experienced racism in correctional centres from prison guards, commenting on how differently they were treated to the non-Aboriginal prisoners.

The researchers observed how many of the women in the study had normalised the racism they experienced on a day to day basis outside of the prison. Racism was only specifically named by one woman who was clear she had experienced racial discrimination within the health system. However, racism as well as sexism is apparent in the way the services have responded to the women’s specific violence-trauma violations. There is a failure in communication across the diverse structures that comprise the criminal justice system and the women felt there is a lack of justice for them across the multiple layers of this system.

Within the theme of barriers to health, housing and support services, a series of sub-themes provide focus on the need to improve service coordination if the hyperincarceration of Aboriginal women is to be addressed. Under the theme of health, it was noted that an unskilled workforce is unable to respond to a complex trauma diagnosis and treatment needs. Housing is a critical factor, with shortages that mean women can wait up to 10 years for housing allocation. Without access to secure housing, women and their children are vulnerable to violence.

Women under the age of 18 cannot access a women's shelter without a support person. This is of concern given that most of the women interviewed in the study experienced intimate partner violence from their mid-teenage years onward. More research is needed to know where young women are going and how they can be provided with safe pathways away from violence and exploitation.

Support staff across the range of services also need trauma-specific training in the work they are undertaking with the women. This study highlighted the lack of safety some women experienced outside of prison. This also emphasised the gaps in services prior to incarceration and when women are released from prison. One point that needs further exploration is the fact that alcohol and other drugs are a contributing factor in women's incarceration, yet the AOD rehabilitation services are generally not trauma-informed. Of greater concern is that these services are not aware of drugs such as K2, which, according to some of the stakeholders in this study, are being deliberately introduced to the Aboriginal communities within the Northern Territory and marketed to Aboriginal children and young people.

The analysis also presented ideas for the way forward. Within the KSVP, discussions about the possibility of justice as healing occurred, considering what programs could be run as remand or sentencing options outside of prison. The KSVP staff stories demonstrate how they are witness to human tragedy, and that in their work with the women, the staff experience two-way learning. They clearly see injustice while also understanding how programs could be improved. They witness the multiple losses and complex grief that shape the women's lives. They work with other agencies

involved in supporting the KSVP women and can see the gaps in service delivery. Such workers also have a critical need for self-care as result of their work, as they witness the systemic failure that enables and compounds the complex trauma of the women's lives. They ask: how can we reverse this damage? There is a requirement for continuity of care at all levels, with a coordination of care responses for those women who have undiagnosed permanent disability and who have complex trauma.

Economic hardship is its own form of imprisonment, and incarcerated women should be offered opportunities to be supported to become employment ready. The present domestic and family violence services need to be revised and programs need to start in birthing centres and schools, with consideration of developmental trauma as a pathway to complex trauma. Across the service systems, worker self-care in response to secondary and vicarious trauma must be considered as an occupational health and safety responsibility.

Finally, education is a therapeutic tool. This report provides an outline of an educational program that could be run outside of prison, in any of the diverse communities from which the women come and return to. The Loss History Maps can be both individual and communal, as people sit together, talk and create the stories of their individual and collective lives. In making sense of those stories, people can paint and sing and dance through the pain while creating new stories so that the next generation is not feeding the prison industry.

The small program which initiated this research, the Kungas Stopping Violence Program (KSVP), has acted as a buffer between the fractured lives of Aboriginal women and their children. Both are caught up in systems of authority and failed services that have denied the women justice and their children a safe future that is free from violence—whether it is the violence in their homes and communities or the violence of the state.

This brief look at service access, informed by the themes and sub-themes of this study, indicates a cohort of women with complex trauma. They lack stable and safe accommodation, some are dealing with addictions to alcohol and all are

negotiating family violence prior to and on release from prison. Most have high physical and mental health needs, which are undiagnosed and not treated. The women are financially stressed. For many of the women, time away in prison and residential rehabilitation has not changed the difficult circumstances they faced prior to incarceration and will continue to navigate after their release. Lack of ongoing stability in their lives has resulted in the women constantly dealing with immediate crisis needs. This leaves them with very little time and less energy to devote to longer-term strategies to heal and to move out of cycles of abuse and poverty.

Through the women's stories, their interviews, their client files and the Loss History Maps, complex trauma features as a common element in shaping their lives, the lives of their children and extended families. It was also evident that complex trauma is not unique to a single generation, as it was observed in the lives of the women's mothers and grandmothers. The trauma of the women in this study is now shaping future generations. What is also clear is the services funded to address these needs are either limited, unskilled or are missing the target. Most services are attempting to meet an immediate physical need or requirement, such as housing, employment, education and training. What is also required, however, are programs that work with the women for a term to ensure their emotional and social wellbeing and physical health are cared for prior to meeting the external societal requirements—programs that can specifically address the complex trauma symptoms, which are generational.

The overrepresentation of Aboriginal women in Australian prisons is of grave concern and has been highlighted in peer-reviewed journals as well as national reports, including that by the Human Rights Law Centre and the Change the Record Coalition (2017), which named this situation as a crisis. A call for review and reform points specifically to those Australian jurisdictions with the highest percentage of incarcerated Aboriginal women—namely, Western Australia and the Northern Territory, both jurisdictions with mandatory sentencing regimes (Leeson et al., 2015).

As described earlier, the KSVP is a prisoner throughcare program that is voluntary for Aboriginal women in prison. The program as it currently stands can only receive 20 new clients

per annum. The needs of clients far exceed the capacity of the service. The KSVP model is unique in successfully working with Aboriginal women in prison and on release. Attention should be given to adequately resourcing this program as a best practice care model, which would provide opportunity for evaluating processes and outcomes against similar programs working with Aboriginal women as offenders. Authorities now need to respond to the requests of magistrates and judges for information about programs to which they can remand or sentence women as an alternative to prison.

The stakeholder interviews confirmed the women's experiences, where services are meeting needs, but where there are also shortfalls. Documented during the stakeholder workshop and throughout the stakeholders' interviews were their frustrations regarding inadequacies within the system due to staff shortages, limited funding, inability to provide culturally and linguistically acceptable programs and an inability to meet complex needs. Other issues identified were the limited communication between service organisations and the siloed way of operating. From the stakeholder workshop and individual stakeholder interviews, it also became apparent that a duty of care is required for workers who feel ill equipped to respond therapeutically to women experiencing complex trauma. Workplace occupational health and safety issues, such as high risk of vicarious trauma in working with clients who are in crisis, and training and capacity building are relevant to the development of better services overall.

Strengths and limitations of the study

Having a research team familiar with the Central Australian context, with the KSVP, and having Aboriginal researchers involved within all areas of the study was a strength of this pilot. These cultural governance arrangements helped to ensure cultural safety and integrity was central in all aspects of the research.

There were also some limitations. All those involved in conducting the research had other "day jobs", which prohibited a focused attention to the research and write up. Given the time limitations, a longer study may have overcome this barrier, with time to establish trust while conducting the

interviews over a series of days instead of in a single session. Further benefits would have been to be able to map the services available to the women within the communities from which they come and will likely return to.

While the women who contributed to this study took the opportunity to express their inner feelings and frustrations as they shared their stories, including their felt sense of grave injustice, that is not enough. They need to know that their contribution to our gathering theory will inform practice and systems reform. It would be of benefit to now journey with the women on their release from prison, and to map which systems and services are supporting their recovery or are contributing to their re-incarceration and feeding the prison system.

Recommendations for further research

This research has demonstrated that the KSVP is a uniquely culturally safe program that works effectively with Aboriginal women in prison to help address their needs—needs that are otherwise going unmet. However, the research has also highlighted the challenges the women face in their communities when they leave prison. These problems limit the otherwise transformative potential of the KSVP program. The evidence points to the clear need for the expansion of the KSVP program to provide diversionary options to support healing in the main communities where the women come from, and return to: Tennant Creek, Alice Springs and Yuendumu.

It is recommended that the KSVP be funded to expand in order to address the needs of women, and their children, to prevent their incarceration or reincarceration. This work should be focused on both healing and systemic change and be organised together with communities of practice in Tennant Creek, Alice Springs and Yuendumu. The KSVP could increase its impact if it was expanded to deliver the program to women in the community before they end up in the prison system, to young women in juvenile detention, and to young women at risk of entering the justice system. Therefore, further research is needed to:

- follow up with the women in their home communities (Tennant Creek, Alice Springs and Yuendumu) to evaluate the longer-term outcomes of program participation for them, their families and their communities
- monitor how responsive service delivery is to the specific needs of the women and their children
- evaluate the effectiveness of delivering the KSVP in community settings to address the complex trauma needs of adult and young women who may be at risk of entering the justice system
- investigate the potential for delivering the KSVP as a sentencing option
- evaluate the effectiveness of delivering the KSVP to young Aboriginal women already in juvenile detention.

Recommendations for policy and practice

The systematic analysis of the life histories of the women in this pilot study has shown the many ways in which complex trauma has contributed to the women's incarceration. The study has demonstrated the need for substantial investments in healing for Aboriginal women, their children and communities. As such, it presents a strong case for system-level improvements so that future work with women is complex trauma-informed, holistic and tailored specifically for the needs of Aboriginal women—not just in justice agencies and diversionary programs but also in health, disability, education, employment and housing. The recommended policy and practice reforms are listed below.

Policy reform

- Continue the support for and funding of the Kunga Stopping Violence Program as a wrap-around service.
- Develop and fund the delivery of trauma-specific and culturally safe approaches to alcohol and drug rehabilitation in Central Australia.
- Develop and fund family residential alcohol rehabilitation, including women and children's residential rehabilitation in Alice Springs.

- Increase the screening and treatment for women entering the law enforcement system with mental health, complex trauma, FASD, and ABI and other brain injuries, with flow-through therapeutic care from prison to services on the outside.
- Increase the number of female Aboriginal police officers and equip them with trauma-specific intervention skills.
- Provide transitional accommodation for women leaving prison in Central Australia.
- Urgently increase the supply of public housing in Alice Springs and remote central Australian communities.
- Develop trauma-specific alternatives to sentencing for Aboriginal women in collaboration with local Aboriginal women.
- Develop alternative women's crisis accommodation funding models in Central Australia in collaboration with local Aboriginal women.
- Place more emphasis on whole-of-family and whole-of-community approaches to family violence interventions due to the intergenerational trauma that exists in Central Australia.
- Allocate more time to communicating with and listening to Aboriginal women in the legal system.
- Increase police and judges' understanding of the impact of trauma and how this affects a woman's ability to provide evidence.
- Increase the training and employment of local Aboriginal staff who can speak the Central Australian languages within the social, health and legal service sector.

Practice reform

- Hold educational sessions for lawyers, judges and community corrections staff about the safety implications of placing women on conditions when in a domestic violence relationship.
- Initiate early intervention for teenagers, with culturally specific support for Central Australian Aboriginal families and communities, to help young people through loss and grief, exposure to traumatic incidents, intimate partner violence and assault, and intimate use of social media and bullying.
- Increase community of practice to help staff cope with vicarious trauma.
- Coordinate and hold regular cross-sectional communities of practice meetings.
- Implement better screening and health coordination within the prison context, including screening for complex trauma, other mental health conditions, disabilities, FASD, and brain injuries.

References

- Atkinson, C. (2008). *The violence continuum: Australian male violence and generational post-traumatic stress* (Doctoral thesis). Retrieved from http://laal-espace.cdu.edu.au/eserv/cdu:44891/Thesis_CDU_44891_Atkinson_C.pdf
- Atkinson, J. (2002). *Trauma trails, recreating songlines: The transgenerational effects of trauma in Indigenous Australia*. North Melbourne, Vic: Spinifex Press.
- Atkinson, J. (in press). Symptom as history, culture as healing: Incarcerated Aboriginal women's journeys through historic trauma and recovery processes. In P. Madikizela, J. Prager, & K. Wade (Eds.), *Post-conflict hauntings: Transgenerational memory, ethics and the arts*. Palgrave MacMillan Press.
- Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In N. Purdie, P. Dudgeon, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 135–144). Canberra, ACT: Australian Institute of Health and Welfare. Retrieved from https://www.aipro.info/wp/wp-content/uploads/2017/08/Trauma_transgenerational_transfer.pdf
- Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing individual and community transgenerational trauma. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed.). Canberra, ACT: Attorney-General's Department. Retrieved from <https://www.nintione.com.au/resources/rao/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles-and-practice-2nd-edition/>
- Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research*, 1(3), 385–401.
- Australian Institute of Health and Welfare (AIHW). (2018). Family, domestic and sexual violence in Australia 2018 (Cat. no. FDV 2). Canberra, ACT: AIHW. Retrieved from <https://www.aihw.gov.au/getmedia/d1a8d479-a39a-48c1-bbe2-4b27c7a321e0/aihw-fdv-02.pdf.aspx?inline=true>
- Baldry, E., Carlton, B., & Cunneen, C. (2015). Abolitionism and the paradox of penal reform in Australia: Indigenous women, colonial patriarchy, and co-option. *Social Justice*, 41(3), 137, 168–189.
- Bateman, J., Henderson, C., & Kezelman, C. (2013). *Trauma-informed care and practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction*. Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group. Retrieved from https://www.mhcc.org.au/wp-content/uploads/2018/05/ticp_awg_position_paper__v_44_final___07_11_13-1.pdf
- Benard, B. (2004). *Resiliency: What we have learned*. San Francisco, CA: WestEd.
- Bessarab, D., & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Studies*, 3(1), 37–50.
- Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). *Innovative models in addressing violence against Indigenous women: Final report* (ANROWS Horizons, 01/2018). Sydney, NSW: ANROWS. Retrieved from <https://www.anrows.org.au/publication/innovative-models-in-addressing-violence-against-indigenous-women-final-report/>
- Bloom, S. (2019). Trauma theory. In R. Benjamin, J. Haliman, & S. King (Eds.), *Humanising mental health care in Australia* pp. 3–30. Oxon, UK: Routledge.
- Brave Heart, M.Y.H. (1999). Oyate Ptayela: Rebuilding the Lakota Nation through addressing historical trauma among Lakota parents. *Journal of Human Behavior and the Social Environment*, 2(1/2), 109–126.
- Brave Heart, M.Y.H. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs* 35(1), 7–13.
- Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York, NY: Penguin Random House.
- Brown, N. (2016). *Trauma and intergenerational trauma and its impacts on the Australian Government's Indigenous Affairs priorities*. Paper presented at ATSIMHSPAG Workshop, Woden, ACT.

- Butler, T., Allnut, S., Karinminaia, A., & Cain, D. (2007). Mental health status of Aboriginal and non-Aboriginal Australian prisoners. *Australian and New Zealand Journal of Psychiatry*, 39, 407–413.
- Carnes, R. (2015). *Applying a We Al-Li Educaring framework to address histories of violence with Aboriginal women: An evaluation prepared by Dr Roslyn (Rose) Carnes, Deakin University, School of Law Centre for Rural Regional Law and Justice*. Geelong, Vic: Deakin Law School.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sydney, NSW: Sage Publications.
- Chilton, M., Knowles, M., & Bloom, S. (2017). The intergenerational circumstances of household food insecurity and adversity. *Journal of Hunger and Environmental Nutrition*, 12(2), 269–297.
- Clements-Nolle, K., Wolden, M., & Bargmann-Losche, J. (2009). Childhood trauma and risks for past and future suicide attempts among women in prison. *Women's Health Issues*, 19(3), 185–192.
- Clark, Y., Augoustinos, M., & Malin, M. (2016). Lateral violence in the Aboriginal community in Adelaide: It affects our identity and wellbeing. *Journal of Indigenous Wellbeing: Te Mauri Pimatisiwin*, 1(1), 43–52.
- Clark, Y., Augoustinos, M., & Malin, M. (2017). Coping and prevention of lateral violence in the Aboriginal community in Adelaide. *Australian Community Psychologist*, 28(2), 105–123.
- Crotty, M. (1996). *Phenomenology and nursing research*. Melbourne, Vic: Churchill Livingstone.
- Courtois, C. A., & Ford, J. D. (2009). *Treating complex stress disorders: An evidence based guide*. New York, NY: Guildford Press.
- Cunneen, C. (2002). Mandatory sentencing and human rights. *Current Issues in Criminal Justice*, 13(3), 322–327.
- Danieli, Y. (1998). *International handbook of multigenerational legacies of trauma*. New York, NY: Springer.
- De Ravello, L., Abeita, J., & Brown, P. (2008). Breaking the cycle/mending the hoop: Adverse childhood experiences among incarcerated American Indian/Alaska Native women in New Mexico. *Health Care for Women International*, 29(3), 300–315.
- Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., & Walker, I. (2014). Aboriginal social, cultural and historical contexts. In P. Dudgeon, H. Milroy, & R. Walker (Eds.). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 3–24). Canberra, ACT: Office of Aboriginal and Torres Strait Islander Health, Department of Ageing.
- Evans-Campbell, T. (2008). Historical trauma in American/Indian Native Alaskan communities: A multilevel framework for exploring impacts on individuals, families and community. *Journal of Emotional Violence*, 23(3), 316–338.
- Faith, K. (Ed.). (2006). *13 women: Parables from prison* [EBL version]. Retrieved from <http://ebookcentral.proquest.com/lib/newcastle/detail.action?docID=557436>
- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., ... Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14, 45–258.
- Giorgi, A., Fischer, W., & Van Eckartsberg, R. (1971). *Duquesne studies in phenomenological psychology, Vol. 1*. Pittsburgh, PA: Duquesne University Press.
- Glover, M., Dudgeon, P., & Huygens, I. (2005). Colonization and racism. In G. Nelson & I. Prilleltensky (Eds.), *Community psychology: In pursuit of liberation and wellbeing* (pp. 330–347). New York, NY: Palgrave.
- Heffernan, E., Anderson, K., Davidson, F., & Kinner, S. A. (2015). PTSD among Aboriginal and Torres Strait Islander people in custody in Australia: Prevalence and correlates. *Journal of Traumatic Stress*, 28(6), 528–530.
- Heffernan, E., Anderson, A., Dev, A., & Kinner, S. (2012). Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. *Medical Journal of Australia*, 197(1), 37–41.

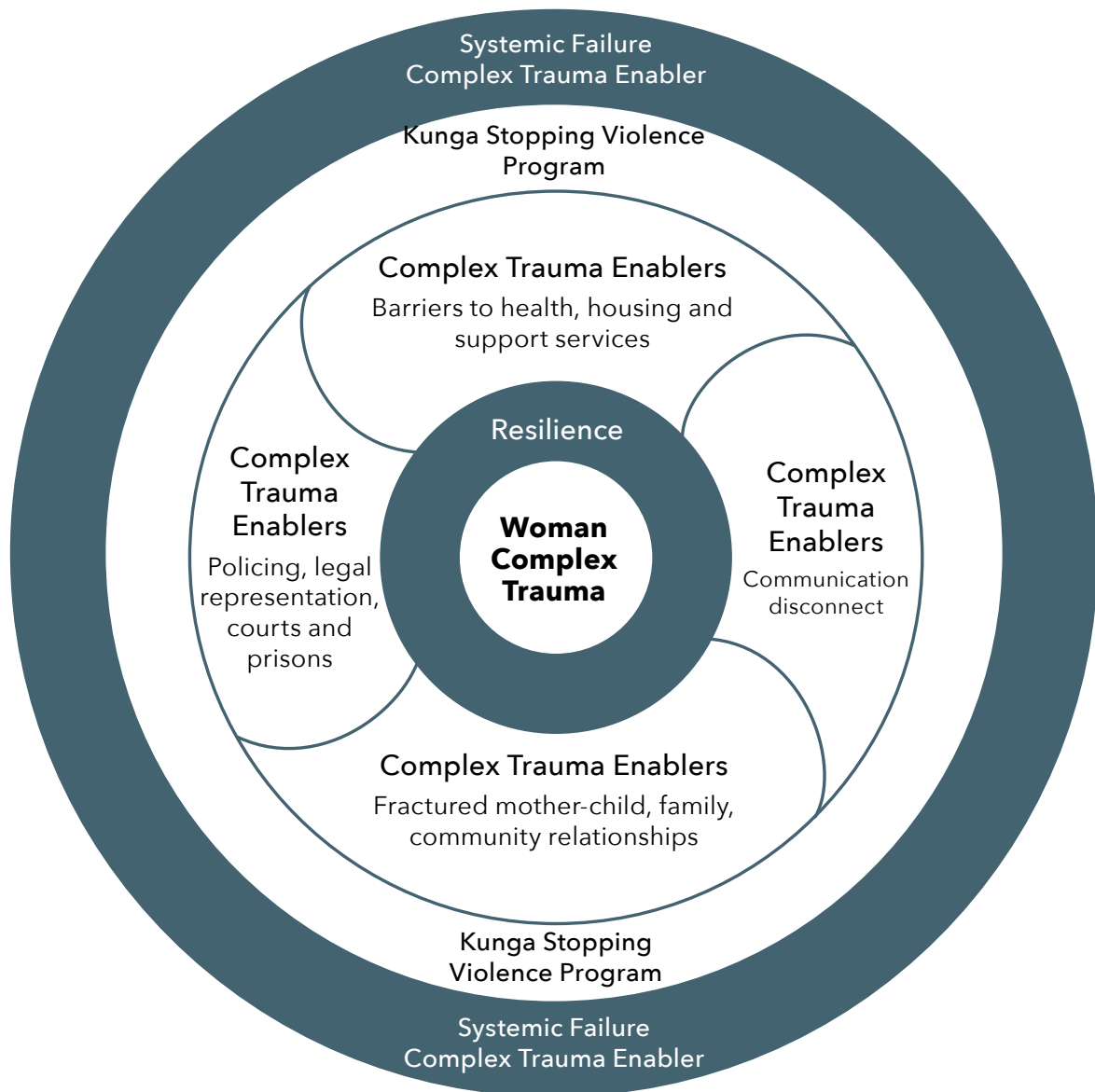
- Herman, J. (1992). *Trauma and recovery: The aftermath of violence, from domestic abuse to political terror*. New York, NY: Basic Books.
- Human Rights Law Centre and Change the Record Coalition. (2017). *Over-represented and overlooked: The crisis of Aboriginal and Torres Strait Islander women's growing over-imprisonment*. Retrieved from <https://www.hrlc.org.au/reports/2017/5/18/report-over-represented-and-overlooked-the-crisis-of-aboriginal-and-torres-strait-islander-womens-growing-over-imprisonment>
- Jordan, C. E., Campbell, R., Follingstad, D. (2010). Violence and women's mental health: The impact of physical, sexual, and psychological aggression. *Annual Review of Clinical Psychology*, 6, 607–628.
- Karatzias, T., Shevlin, M., Fyvie, C., Hyland, P., Efthymiadou, E., Wilson, D., & Cloitre, M. (2017). Evidence of distinct profiles of Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the New ICD-11 Trauma Questionnaire (ICD-TQ). *Journal of Affective Disorders*, 207(1), 181–187.
- Kerr, J. (2016). *A descriptive analysis of the characteristics, seriousness and frequency of Aboriginal intimate partner violence in the Northern Territory, Australia: A strategy for targeting high harm cases* (Master's thesis). Cambridge University, Cambridge.
- Kezelman, C., & Stavropoulos, P. (2012). *The last frontier: Practice guidelines for the treatment of complex trauma and trauma informed care and service delivery*. Milsons Point, NSW: Blue Knot Foundation. https://www.blueknot.org.au/Portals/2/Practice%20Guidelines/Blue%20Knot%20Foundation%20Guidelines_2012.pdf
- Khan, K. S., Kunz, R., Kleigjen, J., & Antes, G. (2003). Five steps to conducting a systematic review. *Journal of the Royal Society of Medicine*, 96(3), 118–121.
- Kraybill, O. (2018). *If trauma is transgenerational, so are resilience and PTG: Expand your perspective on resilience and post-traumatic growth*. Retrieved November 9, 2018, from <https://www.eti.training/single-post/2018/11/06/If-Trauma-Is-Transgenerational-So-Are-Resilience-and-PTG>
- Krieg, A. (2009). The experience of collective trauma in Australian Indigenous communities. *Australasian Psychiatry*, 17(1), 28–32.
- Lederach, J. (2005). *The moral imagination: The art and soul of building peace*. Oxford, UK: Oxford University Press.
- Leeson, S., Rynne, J., Smith, C., & Adams, Y. (2015). Incarcerating Aboriginal and Torres Strait Islander women in Australia: Finding a balance in defining the “just prison”. *ALIR*, 19(2), 76–96.
- MacDonald, M. (2013). Women prisoners, mental health, violence and abuse. *International Journal of Law and Psychiatry*, 36(3–4), 293–303.
- Markoff, L., Finkelstein, N., Kammerer, N., Kreiner, P., & Prost, C. (2005). Relational systems change: Implementing a model of change in integrating services for women with substance abuse and mental health disorders and histories of trauma. *The Journal of Behavioral Health Services and Research*, 32(2), 227–240.
- McGlade, H. (2006). Aboriginal women, girls and sexual assault: The long road to equality within the criminal justice system. *ACSSA Newsletter*, 12, 6–12. Retrieved May 31, 2017, from <http://apo.org.au/system/files/879/apo-nid879-67221.pdf>
- Mehl-Madrona, L. (2005) *Coyote wisdom: The power of story in healing*. Rochester, VT: Bear and Company.
- Mertin, P., & Mohr, P. (2000). Incidence and correlates of posttraumatic stress disorder in Australian victims of domestic violence. *Journal of Family Violence*, 15(4), 411–422.
- Moloney, K. P., & Moller, L.F. (2009). Good practice for mental health programming for women in prison: Reframing the parameters. *Public Health*, 123(6), 431–433.
- Moloney, K. P., van den Bergh, B. J., & Moller, L. F. (2009). Women in prison: The central issues of gender characteristics and trauma history. *Public Health*, 123(6), 426–430.
- Nancarrow, H. (2016). *Legal responses to intimate partner violence: Gendered aspirations and racialised realities*. (Doctoral Thesis) Griffith University, Brisbane, Qld.

- Olsen, A., & Lovett, R. (2016). *Existing knowledge, practices and responses to violence against women in Australian Indigenous communities* (ANROWS Landscapes 02/2016). Sydney, NSW: ANROWS.
- Ombudsman NT. (2017). *Women in Prison II– Alice Springs Women’s Correctional Facility*. Retrieved from https://www.ombudsman.nt.gov.au/sites/default/files/downloads/women_in_prison_ii_aswcf_report_voll-_final_26.05.17.pdf
- Patterson, M., Uchigakiuchi, P., & Bissen, T. (2013). Can prison be a place of healing? The trauma-informed care initiative at the women’s community correctional centre. *Hulili: Multidisciplinary Research on Hawaiian Well-Being*, 9, 305–338.
- Perry, B. (2013). *Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood*. Retrieved from https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf
- Perry, B., & Szalavitz, M. (2008). *The boy who was raised as a dog and other stories from a child psychiatrist’s notebook: What traumatized children can teach us about loss, love and healing*. New York, NY: Guilford Press.
- Ralph, N., Birks, M., & Chapman, Y. (2015) The methodological dynamism of grounded theory. *International Journal of Qualitative Methods*, 14(4), 1–6.
- Ratnavale, D. (2007). *An understanding of Aboriginal experience in the context of collective trauma: A challenge for healing*. Report to Aboriginal and Torres Strait Islander Mental Health Services. Adelaide, SA: Central Northern Area Health Service.
- Reser, J. (1990). A perspective on the causes and cultural context of violence in Aboriginal communities in North Queensland: A report to the Royal Commission into Aboriginal Deaths in Custody. Unpublished.
- Saul, J. (2014). *Collective trauma, collective healing: Promoting community resilience in the aftermath of disaster*. New York, NY: Routledge.
- Schweitzer, R. (1996). A phenomenological study of dream interpretation among the Xhosa-speaking people in rural South Africa. *Journal of Phenomenological Psychology*, 7(1), 7–96.
- Segrave, M., & Carlton, B. (2010). Women, trauma, criminalisation and imprisonment. *Current Issues in Criminal Justice*, 22(2), 287–305.
- Sherwood, J., & Kendall, S. (2013). Reframing spaces by building relationships: Community collaborative participatory action research with Aboriginal mothers in prison. *Contemporary Nurse*, 46(1), 83–94. Retrieved from https://www.researchgate.net/profile/Sacha_Kendall/publication/244479394_Reframing_Spaces_by_Building_Relationships_Community_Collaborative_Participatory_Action_Research_with_Aboriginal_Mothers_in_Prison/links/542ddb390cf277d58e8e143f/Reframing-Spaces-by-Building-Relationships-Community-Collaborative-Participatory-Action-Research-with-Aboriginal-Mothers-in-Prison.pdf
- Sippel, L., Pietrzak, R., Charney, D., Mayes, L., & Southwick, S. (2015). How does social support enhance resilience in the trauma-exposed individual? *Ecology and Society* 20(4), 10.
- Stathopoulos, M., & Quadara, A. (2014). *Women as offenders, women as victims: The role of corrections in supporting women with histories of sexual abuse: A Report for the Women’s Advisory Council of Corrective Services NSW*. Sydney, NSW: Corrective Services NSW. Retrieved from <http://csa.intersearch.com.au/csajspui/bitstream/10627/1067/1/women-as-offenders-women-as-victims-the-role-of-corrections-in-supporting-women-with-histories-of-sexual-assault.pdf>
- Tripodi, S. J., & Pettus-Davis, C. (2013). Histories of childhood victimization and subsequent mental health problems, substance use, and sexual victimization for a sample of incarcerated women in the US. *International Journal of Law and Psychiatry*, 36(1), 30–40.
- Ungunmerr-Baumann, M. (1988). Dadirri. *Compass Theology Review*, 22, 9–11.
- Ungunmerr-Baumann, M. R. (1993). Dadirri, a spirituality of Catholic Aborigines and the struggle for justice. In J. Hendriks & G. Heffernan (Eds.), *Aboriginal and Torres Strait Islander Apostolate* (pp. 34–37). Brisbane: Catholic Archdiocese of Brisbane.

- van der Kolk, B. (2005). Developmental trauma disorder: Towards a national diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408.
- van der Kolk, B. (2007). Developmental impact of childhood trauma. In L. Kirmayer, R. Lemelson, & M. Barad (Eds.), *Understanding trauma: Integrating biological, clinical and cultural perspectives* (pp. 224-241). Cambridge, UK: Cambridge University Press.
- Wesley-Esquimaux, C., & Smolewski, M. (2004). *Historic trauma and Aboriginal healing*. Ottawa, ON: Aboriginal Healing Foundation.
- West, R., Stewart, L., Foster, K., & Usher, K. (2012). Through a critical lens: Indigenist research and the Dadirri method. *Qualitative Health Research*, 22(11), 1582–1590. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.844.30&rep=rep1&type=pdf>
- Williams, E., Cummings, E., Newcastle, J., & Coulthard, J. (2016). *I'm moving forward now: Formative realist-informed evaluation of the Kunga Stopping Violence Program*. Unpublished manuscript, Charles Darwin University Northern Institute, Casuarina, NT.
- Willmon-Haque, S., & BigFoot, D. S. (2008). Violence and the effects of trauma on American Indian and Alaska native populations. *Journal of Emotional Abuse*, 8(1–2), 51–66.
- Wilson, M., Jones, J., & Gilles, M. (2014). The Aboriginal Mothers in Prison Project: An example of how consultation can inform research practice. *Aboriginal Studies*, 2014(2), 28–38.
- Wirihana, R., & Smith, C. (2014). Historical trauma, healing and well-being in Maori communities. *Mai Journal*, 3(3), 197–210.
- World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics* (11th Revision). Retrieved from <https://icd.who.int/browse11/l-m/en>

Appendix A

Figure 1 Thematic theory framework for women and stakeholders' qualitative interviews

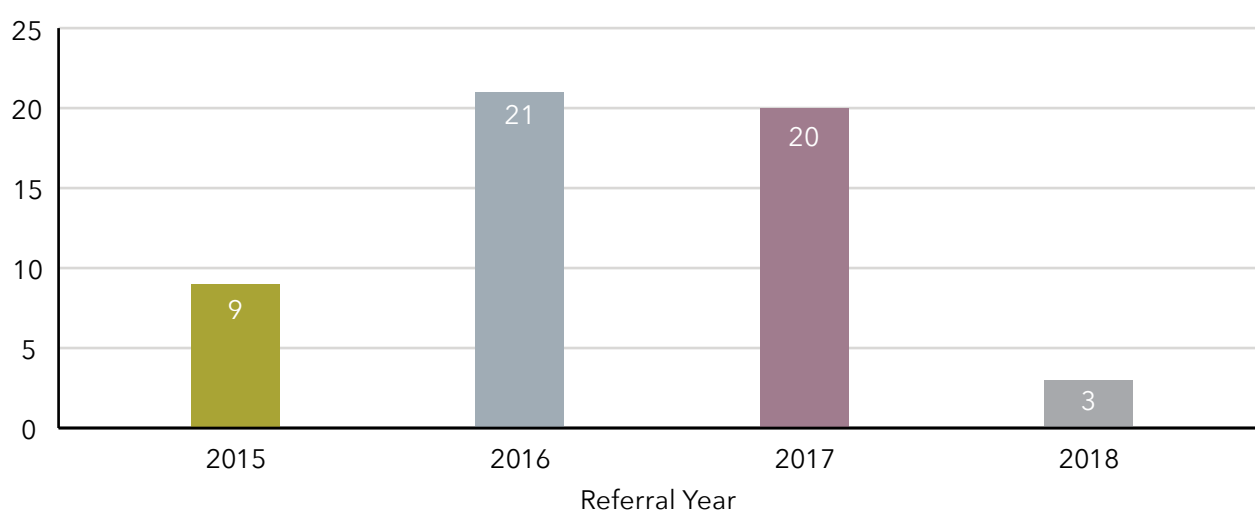


Appendix B:

File audit results August 2015–January 2018

The graphs below are based on information deriving from the client files of the 53 women who had been referred and accepted into the Kunga Stopping Violence Program (KSVP) between August 2015 and January 2018. See the Methodology section for more information.

Figure 2 Number of women referred to KSVP between August 2015 and January 2018

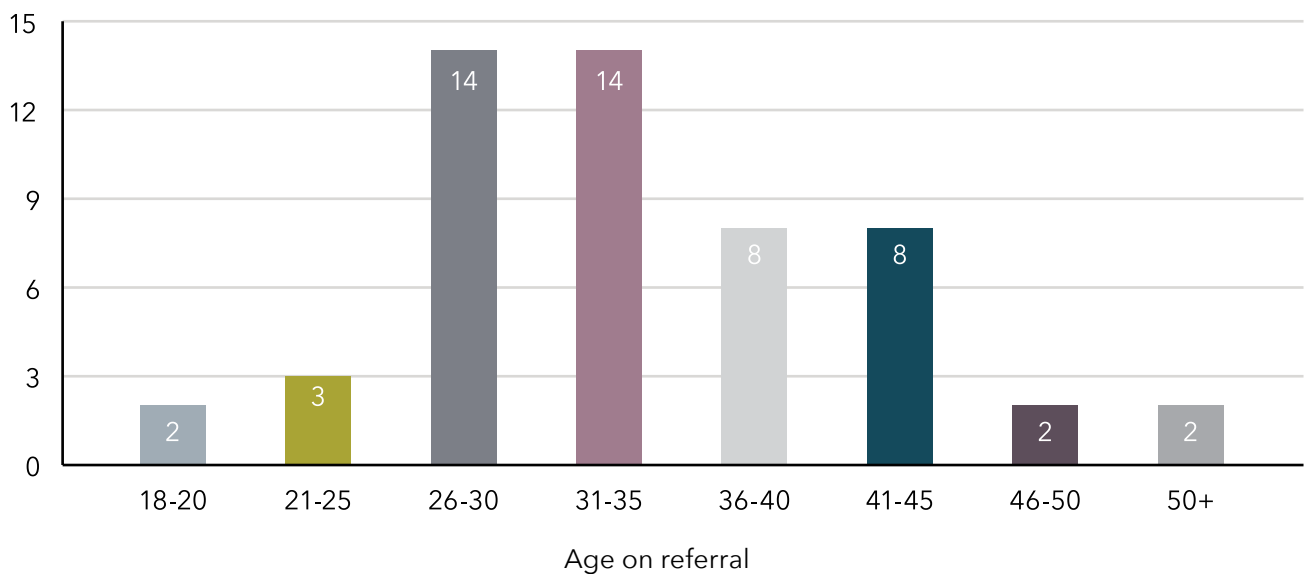


Of the 53 women, the majority (41) were referred to the KSVP from January 2016 to December 2017. Between August and December 2015 and in January 2018, about 17 percent and 6 percent of women respectively were referred to the KSVP.

Age of women in Kunga Stopping Violence Program

Figure 3 shows the age range of the KSVP participants. The age span includes women as young as 20 through to women in their 50s. The highest percentage of the women referred to and participating in the KSVP were aged 26–35 years old (n = 28, 52.8%)

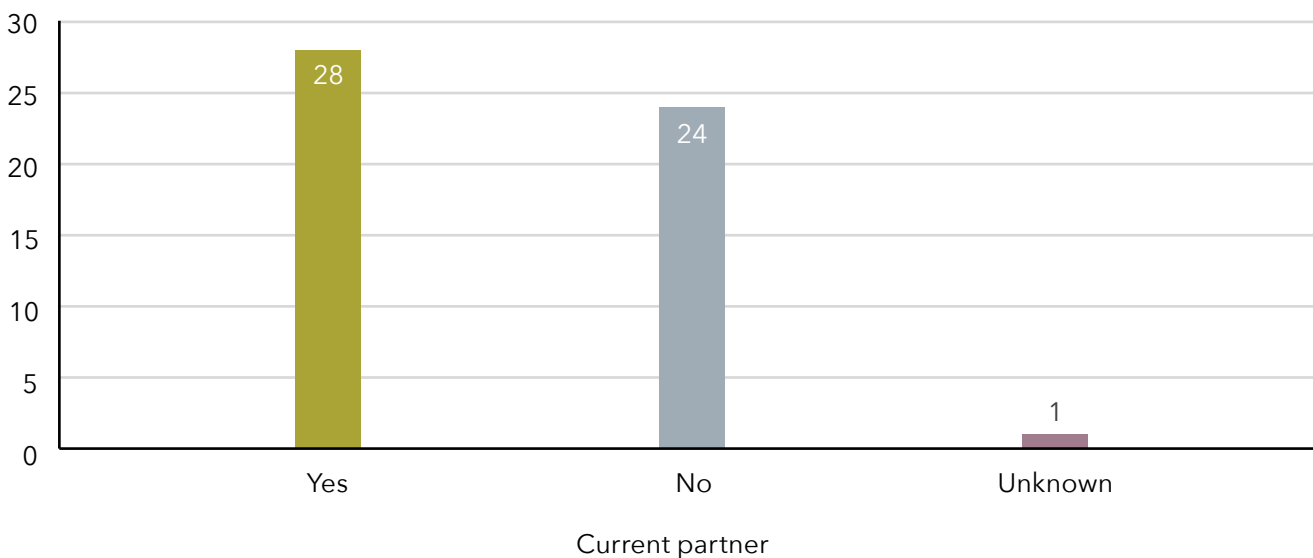
Figure 3 Age of KSVP participants on referral



Women and their partners

Figure 4 indicates the rates of women in relationships. The audit found just over half of the women (n = 28, 52.8%) identified as being in an intimate relationship.

Figure 4 Relationship status of KSVP participant

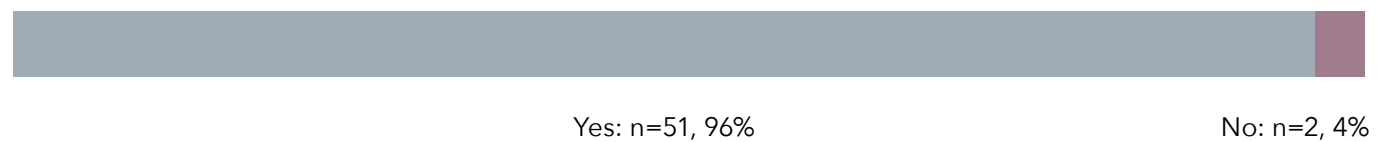


Women’s experiences of intimate partner violence

The data collected through the audit investigated intimate partner violence prior to incarceration. Of the 53 women referred to and engaged in KSVP, almost all (n = 51, 96%) had experienced violence by an intimate partner prior to entering prison. In most instances, this was their husband/boyfriend and/or father of their children.

The number of women who experienced violence from childhood was not collected in this audit. This information, however, is captured within the interviews and Loss History Maps of the 12 women who consented to be included in this study. This pilot study provides a snapshot of the violence experienced by Aboriginal women in the KSVP. A larger study, however, could illustrate the prevalence of exposure to violence in childhood more accurately and the trauma experiences leading to women’s own violent behaviour.

Figure 5 Victims of intimate partner violence pre-incarceration



Mothers in prison and children in “care”

Figure 6 and Figure 7 depict the intergenerational impact of incarceration. Figure 6 depicts the number of women with and without children. Forty-five women (85%) identified as having one or more children, with a total of 126 children impacted by mothers in prison. The ages of children were not available for collection as part of this study, but the data exist in the client files and could be collected in a larger study. Figure 7 shows that of the 53 women, 11 had one or more children removed from their care by child protection authorities (“Territory Families”). There are also cases where women have their children in the care of extended family without the formal involvement of child protection agencies. This information was not collected.

Figure 6 Number of children of KSVP participants

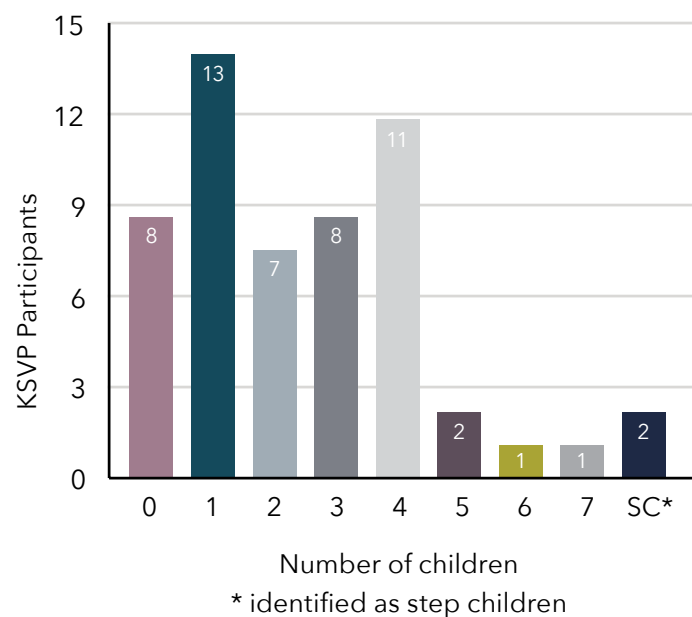
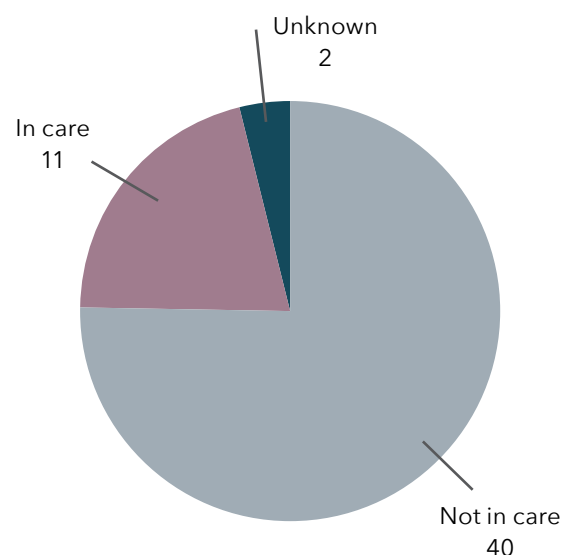


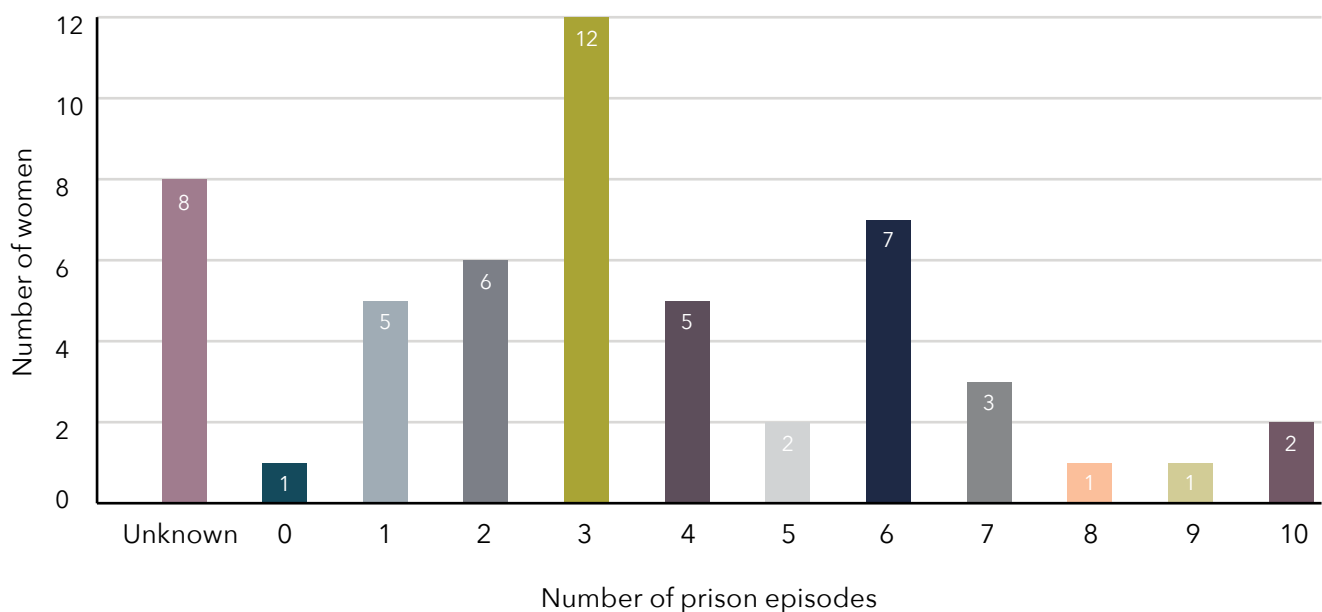
Figure 7 Women with one or more children in care of Territory Families (TF)



Histories of incarceration

Data capturing episodes of prison on intake were collected to understand the number of times a woman had been incarcerated prior to participating in the KSVP. Of the 53 women, one woman (1.8%) had not been to prison; eight women (15%) did not have a record on file of episodes of incarceration; 12 women had had three previous prison episodes; and 21 (40%) had had at least four or more prison episodes. Two women had had 10 prison episodes. These numbers alone only tell a small part of the women's incarceration histories. It is through the women's stories that a more rounded understanding of the complexity of their trauma experiences emerges. It is when we listen, begin to understand, and put both bits of information together that these numbers start to make sense and give deepening meaning to these women's stories. Further, some women in the interviews described the safety they feel in prison, which adds another context for and interpretation of this statistical data.

Figure 8 Episodes of prison on intake



Housing status

The following four graphs indicate the housing status of the 53 women. Figure 9 indicates where the woman was residing prior to incarceration. Of the 53 women, 18 (34%) were in transient housing, 19 (35.8%) lived in town camps, 11 (20.7%) in remote communities and none were in private housing. It is important to note that the three categories on this graph titled “remote”, “town camps” and “public housing” are all government housing. So the overwhelming majority of the women (n = 33, 62.3%) relied on government housing as managed by government or non-government agencies. However, as Figures 10 and 11 show, many of the women had no official authority to reside in their accommodation.

Figure 10 and Figure 11 show homelessness experienced by the women pre and post prison. It is important to note that the women are recorded as homeless as they have indicated that they require housing. Figure 12 depicts if the woman had any formal inclusion on a housing lease, and therefore any formal legitimacy to be at the residence pre-incarceration. Seventy-five percent of the women did not have any inclusion on the lease and are generally staying in an overcrowded house of a relative; 13 percent of women are on tenancy agreements. The lack of inclusion on the lease is significant in identifying the ability of a woman to remain safe or find a safe place. The lack of inclusion on the lease is also indicative of the legal power a woman has to stay in the property. If a woman is at risk of family violence and is included on a Territory Housing lease, then they have the ability to be transferred to safe housing. If a woman is not on the lease, this is not an option for her.

Figure 11 demonstrates the persistence of the problem of finding housing. There is some improvement in women being housed after they exit prison with the assistance of the KVSP. Based on women being in housing pre-incarceration (34%), we can interpret the assistance of the KSVP has a positive effect on women gaining housing post release (42%). However, a large percentage (41%) are still homeless post release. This places the women at risk of both breaching parole conditions and being in an unsafe environment.

Figure 9 Residence prior to incarceration recorded at intake

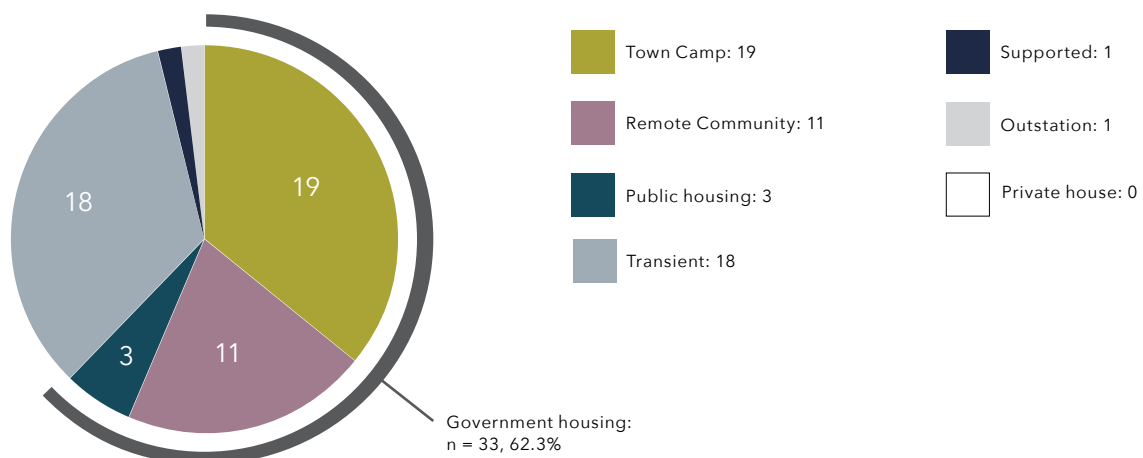


Figure 10 Homeless pre-incarceration



Figure 11 Homeless post release

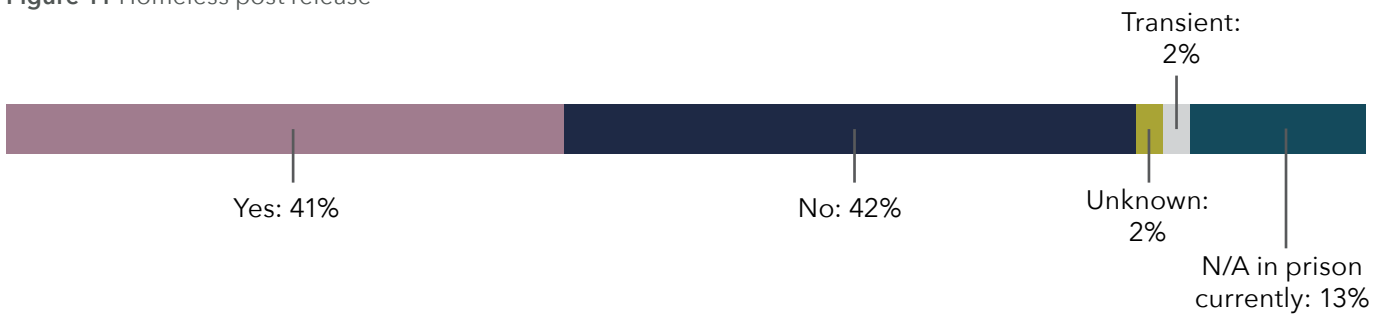
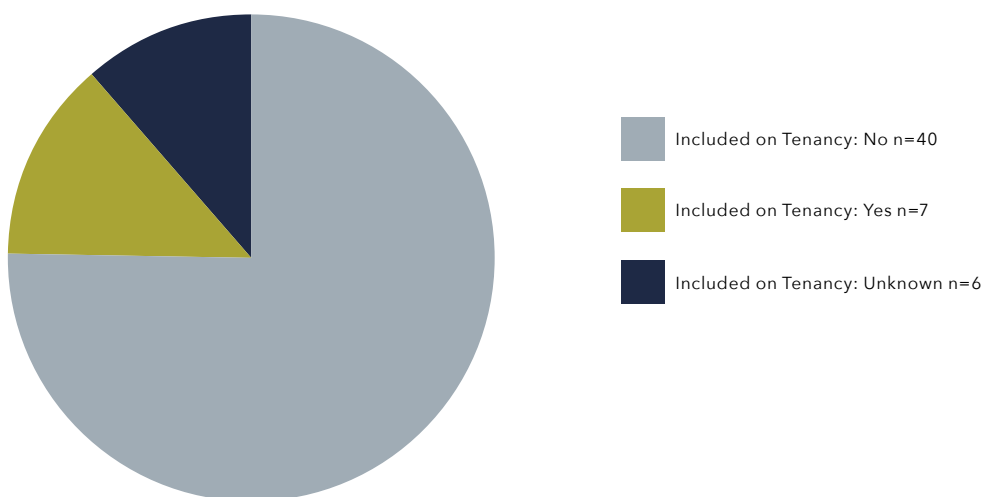


Figure 12 Status on tenancy forms



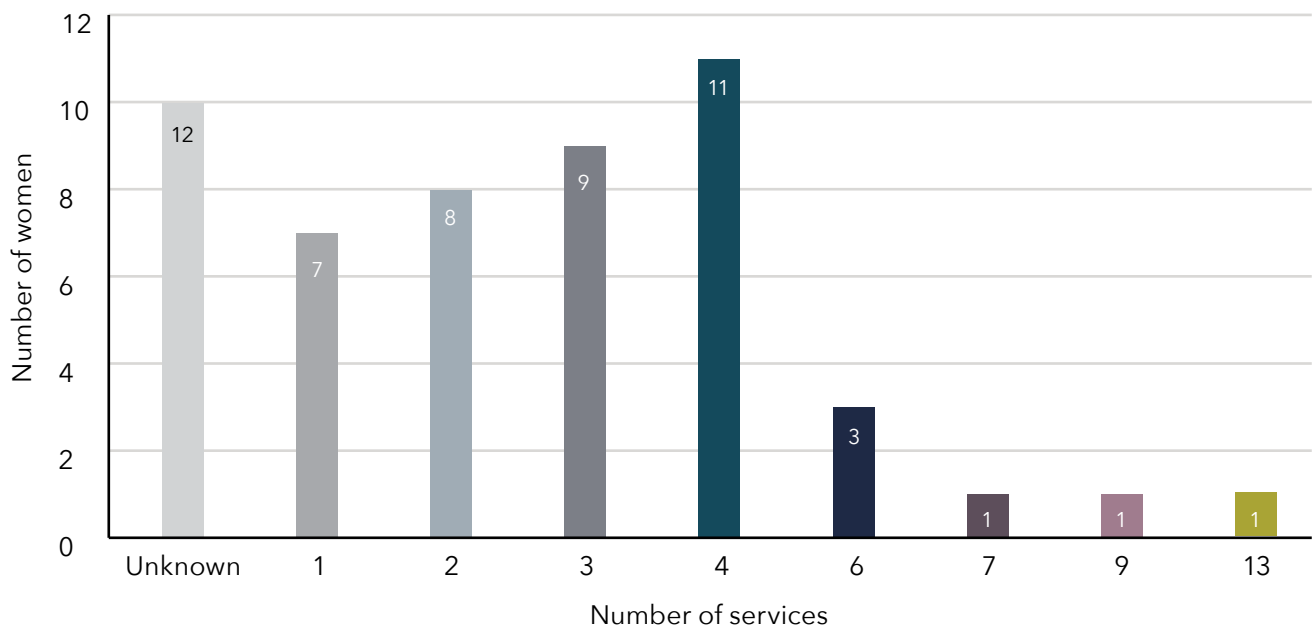
Women accessing services

The KSVP assists women to access services after their release from prison, or while in prison for those on longer sentences. Very few women were accessing no services. One woman was accessing up to 13 different services. However, it is clear that the services struggle to meet the complex needs of the women and this is another reason why services must work together, particularly in the delivery of culturally informed, trauma-specific services. At the time of writing, the women were accessing the following services:

- Twenty-six women were accessing alcohol rehabilitation programs, including Drug and Alcohol Services Australia (DASA), Barkly Region Alcohol and Drug Abuse Advisory Group Incorporated (BRADAAAG), Central Australian Aboriginal Alcohol Programs Unit (CAAAPU), Council for Aboriginal Alcohol Program Services (CAAPS) and Forward, Social & Emotional Wellbeing Service (SEWB).
- Twenty-two women were accessing health services, including Anyinginyi Health, Alice Springs Hospital (ASH), Central Australian Aboriginal Congress (CAAC) and Barkly Mental Health.
- Eighteen women were accessing family violence and sexual assault services, including Alice Springs Women's Shelter (ASWS), DV shelter Adelaide, safe house, Sexual Assault Referral Centre (SARC), Family Safety Framework project (FSF), Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council (NPY) and NT Police.
- Seventeen women were accessing accommodation services, including Mission Australia, hostels, Ampe Akuka, Territory Housing, Affordable Housing and Anglicare.
- Fifteen women were accessing emergency relief and financial assistance, including Salvation Army, Lutheran Care Financial Counselling, St Vincent De Paul, Centrelink and Tangentyere.
- Eleven women were accessing legal services, including NAAJA, Central Australian Aboriginal Family Legal Unit (CAAFLU) and Central Australian Women's Legal Service (CAWLS).
- Ten women were accessing community corrections and prison-based programs.
- Five women were accessing employment services, including CDEP and Karen Sheldon.
- Five women were accessing education, including Batchelor, Charles Darwin University (CDU), Sadadeen School and St Joseph's Flexible Learning Centre.
- Four women were accessing family support services, including Catholic Care, Territory Families and Anyinginyi.

The most common service category accessed by the women is alcohol rehabilitation programs. These are frequently mandated as part of a woman's post-release conditions through community corrections, from the courts, or from child protection agencies. The next most common service category accessed is health services. This is followed by family violence and sexual assault services, accommodation services, and emergency relief. The services categories least accessed are employment services, education and family support services.

This brief look at service access indicates a cohort of women who are financially stressed and lacking stable and safe accommodation, dealing with addictions to alcohol, frequently negotiating family violence, and who have high physical and mental health needs. For many of the women, time away in prison and residential rehabilitation has not changed the difficult circumstances they faced prior to incarceration. Lack of ongoing stability in their life results in the women constantly dealing with immediate crisis needs. This leaves them with very little time and energy to devote to longer-term strategies to heal and to move out of cycles of abuse and poverty.

Figure 13 Number of services women are involved with

Ongoing engagement with Kunga Stopping Violence Program

Figure 14 shows the ongoing engagement that the KSVP had with the women in the cohort at the time of data collection (March 2018). The data from the client file audits reveal high rates of retention of women in the KSVP, with retention frequently sustained well beyond 12 months. This is a significant result, especially in the context of the high levels of complex trauma revealed by the women in their Loss History Maps and personal interviews.

Figure 14 Ongoing engagement with KSVP

This page has intentionally been left blank.

This page has intentionally been left blank.

This page has intentionally been left blank.

ANROWS

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children

